



PO Box 940  
Renton, WA 98057

Phone: (425) 282-6220  
FAX: (253) 398-2019

## Expense Request Form

<b>Date Requested</b>			
<b>Amount Requested</b>			
<b>Description of Expense</b> (describe what was purchased, how it was used, etc.)			
<b>Make Check Payable To</b>			
<b>Check Handling Instructions</b>	<b>Mail</b>	<input type="checkbox"/>	<b>Mailing Address</b>
	<b>Pick-Up</b>	<input type="checkbox"/>	<b>Checks may only be picked up from the church office during business hours. Please allow one week for processing of all checks</b>
<b>Requester's Signature</b>			<b>Phone</b>
			<b>E-Mail</b>
<b>Department Head Signature</b>			
<b>Invoice/Receipts Attached</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Additional Information</b>			