Hopewell Voucher

REQUESTOR (PRINT PLEASE)

District/Ministry Name: _____ Date: _____

Primary Email: _____ Phone #: _____

Fund disbursed by ☐ Picked Up ☐ Mail ☐ Business Account/Card Name: _____

Funds Removed from ☐ Assessments ☐ Ministry Budget ☐ General Budget ☐ Approved Reimbursement

*Check/Funds Payable to: _____ Phone : _____

Full Address: _____

**If an individual do we have a W-9 on file ☐Yes ☐No Total Amount Requested: $ _____

PURPOSE

List the purposes for which funds are to be used and detailed disbursement information (add an additional sheet as needed)

_____

_____

_____

_____

VOUCHER POLICY

Payee: ***Full address of payee is needed on all disbursed funds. ****Vouchers submitted to a personal payee or individual must submit a completed Form W-9 to the Comptroller's Office prior to receiving allocated funds. Members receiving bereavement funds should submit a Form W-9 to the Comptroller's office within 14 days after disbursement. **Submission:** Vouchers should be submitted on all: (1) planned events 1 month in advance of the event date or date needed, (2) unplanned events (repast, love offerings, etc.) within 3 days of the date needed (exceptions determined on a case-by-case base). **Approval:** All approval will be at the discretion of Hopewell Pastoral Staff and funds will be available on date provided below. Prior approval is needed, via Hopewell Voucher, when using Hopewell name and/or logo. Respective account must have allocated funds to cover expense prior to approval. **Prior Purchases:** Any prior purchases or failure to follow proper procedures/policies may result in monies spent not being reimbursed. **Receipts:** All receipts must be turned in to Comptroller's Office within 3 days of purchase. Receipt(s) total should be equal to or less than the total amount requested. **Receipt Totals**: If exceeds the amount requested, the monies spent may not be reimbursed. If less than amount requested the difference will be return to respective account. **Petitions:** District/Ministry submit completed voucher to Pastor of Operations. Administrative Staff submit completed voucher to Executive Pastor. **Budget Projections are not a guarantee of disbursement of funds; disbursement is determined by the availability of funds, at the discretion of the Pastoral Staff.**

Staff/Deacon/President - Signature **Print - Name & Title**

ADMINISTRATIVE APPROVAL

Senior Pastor / Executive Pastor / Pastor of Operations

Comment:		Funds will be available on:
Date Received:	Approved ○ Yes ○ No	Signature:

Comptroller

Comment:			
		Check Number Issued	
Receipt(s): Date received:	Attached: ○ Yes ○ No	Total Amount	
Signature/Date		Amount Return to Account	