

CGS Check Request

Date _____

Invoice or Bill attached for payment

Check Request for Payment or Reimbursement

Attach original receipts, invoices, or bills to this sheet before submitting.

All expenses must include original receipts.

CGS requires receipts for all expenditures over \$25.00.

Outside Vendors: If this is your first check request for payment for services provided to CGS, please fill out the form W-9 found in the CGS office.

Make Check Payable to _____

Autopay/EFT/ACH

Address _____

Delivery Address _____

(if different than above)

Amount _____

Reason for Check

Please turn over and indicate the line item of expense.

Please check the budget line to be charged

Worship		Benevolence	
	Worship Supplies		Community Support
	Worship Music		Synod Support
	Choral Music		Conference Support
	Choir Expense		Pastor's Discretionary Fund
	Instruments		Fundraisers
	Guest Musicians		GWOH
	Drummer		Hospitality
	Substitute Musician		Shelter Cooking
	Pulpit Supply		Staff Gift
	Flowers		SV Pride
	Memorial Shepherds		BSA
	Columbarium		Quilters
	German Language Ministry		Social Action
Education		Property	
	Library		Property Landscaping
	Children & Youth Ministry		Maintenance
	Camp		Janitorial Expense
	Scholarships		Property Taxes
	Education Supplies		Insurance
	Background Checks		Utilities
Leadership		Other	
	Leadership Training		Personnel
	Synod Assembly		Continuing Ed
	Council Expense		Beyond the Building
	Administrative Support		Other

Notes:

Signed by _____

Print Name _____

Please put this sheet and all accompanying paperwork in the Accountant's mailbox.
 Payments are made as soon as possible and may take up to one month to be fulfilled.