

# CGS Check Request

Date \_\_\_\_\_

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

Outside Vendors: If this is your first CGS Check Request, please submit a **FORM W-9** also.

Autopay/EFT/ACH

Make check payable to \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount \_\_\_\_\_

Reason for Check / Notes

*Please turn over and indicate the line item of expense.*

Please check the budget line item to be charged, or fill in **Other** if not found.

<b>Benevolences</b>		<b>General &amp; Administrative</b>	
	GWOH		Administrative Support
	Pastor's Discretionary Fund		Background Checks
	SV Pride		Bishop's Conference Attendance
	Safe Car Park (SVSP)		Hospitality
	Shelter Cooking		Leadership Training
	Shelter Cooking New Haven		Property Taxes / Insurance
	SVACG		Synod Assembly
	Synod Support		Telephone
<b>Education</b>		<b>Personnel</b>	
	Adult Education		Auto Allowance
	Children & Youth Ministry		HR Compliance Resources
	Library - Books and Supplies		Pastor's Continuing Education
			Pastor's Professional Expenses
	Carpet Cleaning		Workers' Compensation
	Disposal	<b>Worship &amp; Music</b>	
	Janitorial Supplies		Association Fees
	Landscaping		AV Equipment
	Maintenance		Choir Music
	Security (Doors/Locks/Keys)		Guest Musicians /Instruments
	Utilities		Pulpit Supply / Substitute Musician
			Visual Arts
<b>Other</b>			Worship Music
	Renewing Spaces (remodel project)		Worship Supplies

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Please put this sheet and all accompanying paperwork in the **Treasurer's** mailbox, or email them to [treasurer@cglc.org](mailto:treasurer@cglc.org).