

ALL SAINTS LUTHERAN CHURCH
DISBURSEMENT AUTHORIZATION FORM

Date Paid _____
Check No. _____
Acct. No. _____

Guidelines for Expense Payments

- * Receipt for expense must be attached to this form.
- * Form must have signature of Ministry Team Leader or Council Liaison

Today's Date: _____ Payment Due Date: _____

Choose Payment Option:	
\$ _____ Payable to Requestor:	Name: _____
\$ _____ Payable to Vendor:	Address: _____
	_____ Place in Requestor's ASLC mailbox
\$ _____ Transfer funds to ASLC account:	From _____ To: _____
\$ _____ Payment on ASLC credit card	

Account #	Description of Expense
# _____	_____
# _____	_____

Special Instructions: _____

Requestor Signature: _____

Team Leader/Council Liaison Signature: _____