

CBCM Payment Request Form

Pay To		Check the appropriate request
Address		☐ Reimbursement
		☐ Invoice Payment
		☐ Paid via CBCM Credit
Phone Number		☐ Card # Pay in Advance
Email		☐ Other
Invoice Number & Date		

Date	Amount	Dept. Code	Account Code	Description
Total	\$ 0.00			

Department Name	Printed Name (Requester)	Submitted By (Signature)	Date
Department Name	Printed Name (Approver)	Authorized By (Signature)	Date

Receipt Requirements:

1. A copy of the receipts must be submitted along with the approved voucher. Email approvals will be accepted.
2. All purchase receipts and approved vouchers must be submitted within 10 days of the purchase date or the conclusion of the event.
3. Laymen training reimbursement requests must be submitted with the Pastor's email acknowledgment of reviewing the participant report.
4. All expenses charged under Food Subsidies Code 6130 must include the number of people who attended the event.

Price Comparison/Decision Statements:

1. The purchase of items or services between \$700 and \$2,500 (except for Physical Facilities) shall require 2 quotes, and a purchase decision statement shall be submitted along with this voucher.
2. For purchases exceeding \$2,500 (see exceptions in Budget Policy Article 3.2.8.3), a price comparison report (e.g. comparing prices and/or specs of product and services, etc.) consisting of 3 quotes shall be reviewed by the Budget Committee (BC) prior to actual purchase.