

Board of Ordained Ministry

Request for
_____ Payment _____ Deposit _____ Reimbursement _____ Advance

Payable to _____

Address _____

City _____ State _____ Zip _____

Person making request _____

Committee _____

Budget line item (number or name) _____

Amount (you must attach original receipts to your request) _____

Description of expenditure

For travel expenses:

Travel dates _____ Destination _____

Purpose _____

Lodging _____

Meals _____

Transportation _____

Other _____

Total _____

Return to: BOM Treasurer