

AUMC PAYMENT REQUEST FORM-2020

Complete and submit form to the Bookkeeper – can place in Bookkeeper folder near office doors

ALL SERVICE CONTRACTORS must be approved by TRUSTEES before hiring.
Please obtain **A Certificate of Insurance** from Vendor before approaching Trustees.

- Attach a current **Certificate of Insurance** for service vendors or check to see one is on file with Bookkeeper
- Form W-9** (taxpayer identification form) on file or attached. Vendors can email this to bookkeeper@asburycolumbus.org
- Obtain appropriate **Ministry Leader's signature** *before* purchase
- Attach **invoices or receipts**

SUBMITTED BY: _____

DATE: _____

CHECK AMOUNT: _____

CHECK TO: _____

ADDRESS: _____

Charge expense to ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

Description of Expense: _____

IF EMPLOYEE EXPENSE, submit a request within 30 days of the expense, and document DATE, AMOUNT, LOCATION, MINISTRY PURPOSE, and if hospitality related - NAMES OF INDIV WHO WERE HOSTED. The employee business mileage reimbursement rate is 57.5 cents per mile as of 1/1/20.

SIGNATURE OF Ministry Leader: _____

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Finance Signature: _____

(Signature of Treasurer or Finance Chair)