

Tahlequah Ward Expense Authorization Form

Date Paid: _____

Check Number: _____

Requester's Name: _____

Make Check
Payable To: _____

Mailing
Address: _____

Amount Requested: _____

This request is: a reimbursement an advance payment

Source of Funds:

BUDGET: _____
Organization

OTHER: _____
(Boy Scout camp, Cub Scout camp, YW camp)

FAST OFFERINGS: _____ Needs & Resource Analysis on file
Category

Explain what the funds were used for: _____

Receipts Attached: Yes No **If receipts not attached, explain why:** _____

Requester: _____

Signature

Date

Approval, Organization Head: _____

Signature

Date

Approval, Bishop: _____

Signature

Date