

Disbursement/Reimbursement for Purchases

1. Detailed Operating Budget Worksheets submitted by the various parish Committees/Groups shall be presented to the Vestry with the Proposed Operating Budget. The Vestry shall review each individual worksheet and make changes, if necessary, to both the Worksheet and the Proposed Operating Budget. Once the Proposed Budget is approved, the detailed expenses are, also, approved.
2. Any expenditures that exceed \$500.00 must have prior approval by the Vestry. The exceptions to this policy are those listed on the Pre-Approved Regular Expenses List and the Detailed Operating Budget Worksheets from the various Committees/Groups.
3. No committee or group may exceed the budget amount without prior approval by the Vestry. Each committee (or group) chairperson is responsible for knowing the status of his/her committee's budget before authorizing any expenditures.
4. No person may incur expenses that are intended to be posted to a line item without prior approval by the head of the committee or group responsible for the line item.
5. In cases where the exact amount is unknown, it is recommended that the purchaser use his or her own funds. As soon as a itemized receipt is obtained and the goods are received, a payment Request Form should be completed and submitted by the person who is responsible for the budget line item with the itemized receipt attached. If that said person is the recipient of the reimbursement, then a second signature from a person on the committee (or group) is required.
6. In cases where the exact dollar amount is known far enough in advance that approval can be obtained, and a request for a check from the Treasurer can be made, purchasers should obtain a check from the Treasurer made payable to the goods provider after submitting the completed Payment Request Form with the required signature(s) and documentation such as a confirmation of the order.
7. The Treasurer or Assistant Treasurer shall render payment within two (2) weeks of receiving the required documentation for said reimbursement/disbursement expense.

REQUEST FOR DISBURSEMENT/REIMBURSEMENT

PLEASE ISSUE A CHECK AS FOLLOWS:

AMOUNT: _____

PAYABLE TO: _____

ADDRESS: _____

PHONE: _____

REASON: _____

TO BE ISSUED FROM:

Operating Line Item _____

Restricted Line Item _____

Mission Line Item _____

SIGNATURE OF AUTHORIZING PERSON DATE

COMMITTEE MEMBER or ADDITIONAL SIGNATORY DATE

REQUIRED:

One (1) signature if payment is to a vendor/organization.

Two (2) signatures if payment is reimbursement to an individual.

Vestry approval needed if payment is over \$500 unless approved through committee/group budget.

Copy of itemized receipts or invoices.