

Episcopal Diocese of New Hampshire
 63 Green Street
 Concord, NH 03301-4243

MONEY REQUEST FORM

Please send this form directly to your committee chairperson, who will approve the disbursement and request the funds from *Diocesan Accounting* by forwarding this form along with any supporting documentation, receipts, etc. to *63 Green Street, Concord, New Hampshire 03301*. Please allow three weeks for this process.

No funds will be disbursed without supporting documentation, including any phone reimbursement requests in excess of \$10.00, supplies in excess of \$20.00 and all requests for travel and meals reimbursement. Any travel/conference advances must be documented following the expenditure and unused money returned; no further disbursements will be made until the advance is accounted for.

COMMITTEE	DATE

AMOUNT REQUESTED	CHECK PAYABLE TO	DATE NEEDED BY
\$		

FOR DIOCESAN OFFICE USE ONLY			
G/L NO.	AMOUNT	G/L NO.	AMOUNT
	\$		\$
	\$		\$
	\$		\$

SPECIFIC PROGRAM / EVENT BEING FUNDED AS DESCRIBED IN THE BUDGET

Contact person to whom money should be sent and who will be responsible for the accounting:

NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:

TELEPHONE	COMMITTEE CHAIR APPROVAL