



*The Father's Heart*  
 Worship Center  
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## Expense Request for Funds Form PART 1

**IMPORTANT INFORMATION:**

1. All requests have a five (5) day or 30 day waiting period.
2. All requests must have receipts returned with a copy of the original request form.
3. Failure to return receipts will delay the next request for funds.
4. All receipts must be returned within five (5) working days.
5. No exceptions, no emergencies, no excuses, no respect of person.
6. **PART 1 & PART 2 of this Expense Request MUST be filled out, no exceptions.**

DATE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

Date funds needed: \_\_\_\_\_

Who is the check made payable to? \_\_\_\_\_

Will this request pay a bill? \_\_\_\_\_ If yes, what bill? \_\_\_\_\_

What is the reason for the request (why, when, how, who, where)?  
 \_\_\_\_\_  
 \_\_\_\_\_

Will this request be for: \_\_\_ Rental Deposit      \_\_\_ Reimbursement

Money is requested from which account: \_\_\_ General    \_\_\_ Department

Is this request needed within the next five (5) business days (Department Account)? \_\_\_ Yes \_\_\_ No

Is this request needed within the next 30 business days (General Account)? \_\_\_ Yes \_\_\_ No

If this is a five (5) day request? If so, please select one of the following reasons:

\_\_\_ Emergency (Explain briefly) \_\_\_\_\_

\_\_\_ Advance approved by: \_\_\_\_\_

\_\_\_ No knowledge of the 5 or 30 day waiting period

\_\_\_ I "DID NOT" follow procedure

\_\_\_\_\_  
**Printed Name (person requesting funds)**

\_\_\_\_\_  
**Signature (person requesting funds)**

\_\_\_\_\_  
**Authorized by: Print Department Head Name    Department Head Signature**

Notes: \_\_\_\_\_

FOR OFFICE USE ONLY				
Approved _____	Denied _____	Check# _____	Date _____	Amount \$ _____
Approved by: _____				
Request for: 30 day notice _____ 5 day notice _____ more information _____				

# Expense Request for Funds Form PART 2 Itemized List

To ensure ALL allocated funds are used in the manner in which they are requested, you must list ALL items to be purchased using the requested funds:

Item Name	Estimated Cost	Actual Cost <small>(for office use only)</small>	Difference <small>(for office use only)</small>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Comments:

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