

Form 26

Payment and Expense Reimbursement Request

Attach evidence of the actual ministry portion. The requester cannot approve his own payment alone.

Requester payee date and amount

Ministry purpose and prior authorization

Itemized expenses and receipts

Mixed personal portion excluded

Missing evidence explanation

Conflict disclosure and independent reviewer

Requester certification signature

Independent approval signature and limit

Payment method date and ledger record

Record reference _____ Attachments _____