

Foothills Congregational Church

461 Orange Avenue, Los Altos, CA 94022

Request for Check to be Issued

DATE: _____

AMOUNT: _____

PAY TO:

NAME _____
STREET _____
CITY, STATE, ZIP _____

What is the payment for? _____

NOTE: Attach any invoice(s), receipt(s), or other evidence of the correctness of the charges. The Committee Chair or other authorized person should sign on the appropriate line below to indicate which Fund or Category is to be charged.

From: OPERATING FUND

(Indicate Category to be charged)

Altar Guild Expense Budget _____
Diaconate _____
Executive Council _____
Faith Development:
 Administrative Team _____
 Adult Faith Formation _____
 Camps & Classes _____
 Children's Programs _____
 Family Programs _____
 Mission Trip _____
 Youth Fellowship _____
Fellowship:
 Supplies _____
 Other _____
Library _____
Ministers' Expenses _____
Music:
 Bells _____
 Voice _____
 Other _____

Office Expenses _____
Promotion Expenses _____
Property Management:
 Building _____
 Equipment _____
 Parsonage _____
 Supplies _____

From: RESTRICTED FUNDS

Altar Guild Fund _____
CLEF Fund _____
Maintenance Reserve _____
Memorial Fund _____
Rummage Sale _____

From: OTHER

Please Designate _____
Authorized by _____

Complete this form and put it in the Treasurer's Mailbox, in the Church Workroom, mail to Church, or email to bookkeeping@foothills-church.org