

Fund Request Form

6656 Park Riviera Way ♦ Sacramento, CA 95831-1002
916.422.4253 www.cgbsac.org

SUBMIT TO: (Choose 1 of 2 options below.)

1. Drop it off with receipt in the administrative office mailbox; or,
2. Email this form & receipt to winfred.luong@cgbsac.org and liann.luong@cgbsac.org

Requested By:		Payable To:	
Cell Phone:		Address:	
E-Mail:			
Mail Check? <input type="checkbox"/> YES <input type="checkbox"/> NO	Special Instruction: _____	City/State/Zip:	

	Purpose of Purchase (attach receipts) & Vendor Name Please include event name/date of event, if applicable.	Fund Codes (approver fills out)	Approval Signature (& print name) or Approval Email	Expense Amount
1				
2				
3				
4				
5				
6				
7				
8				
	Example: food for youth group outing, 4/3/2020			

Total: \$ _____

For Office Use Only

<input type="checkbox"/> Certificate of Liability	<input type="checkbox"/> W9 Form
A COL is required for anyone who performs any service on church premise.	W9 is required for special speakers and contracted workers and their companies.

