

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 mabel.oen@cgbsac.org and liann.luong@cgbsac.org

Requested By:		Payable To:	
Cell Phone:		Address:	
E-Mail:			
Mail Check? ☐ YES ☐ 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

☐ Certificate of Liability	☐ 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.