



First Evangelical Church Association

羅省基督教會聯會

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Requisition Form

Advance Payment Reimbursement

Charge to the ministry indicated below:

FECA General Church Planting Missions: AMC Missions: LMC _____

Please Specify

Music Sending Social Concern Spirituality & Ministry Formation

Other: _____
Please Specify

REQUESTOR'S NAME:		CONTACT NO./EMAIL:	
DATE:		MINISTRY/SPECIAL EVENT:	
PURPOSE:			
PAYMENT INSTRUCTION:	<input type="checkbox"/> Requestor will pick up check <input type="checkbox"/> Mail check to payee <input type="checkbox"/> Mail check to payee with invoice <input type="checkbox"/> Wire transfer <input type="checkbox"/> Other: _____		
PAYABLE TO:			
PAYEE'S ADDRESS:			
PROPOSAL/INVOICE NUMBER:			
ESTIMATED COST/INVOICE AMOUNT:	USD\$		
DATE CHECK NEEDED:			
REQUESTOR'S SIGNATURE:			
MEMBER CHURCH APPROVAL:			
FECA APPROVAL:			

MINISTRY:			
EXPENSE ACCOUNT:			
REQUEST AMOUNT:			
FOR FECA INTERNAL USE ONLY. COMPLETE BY MINISTRY COORDINATOR.			
*YTD EXPENSES:			
TOTAL:			
ANNUAL BUDGET:			

*Including Intra-month Advance(s)

Notes:

- All requisitions need to be approved by the Ministry/Task Force Chair, Ministry Coordinator or specially designated person (see §2.3 of the FECA Disbursement Procedure).
- Upon completion of this form, please return to the FECA office by fax, e-mail or regular mail and include original invoices / receipts.
- All requisitions take approximately 2 weeks to process.

PLEASE DO NOT WRITE BELOW. FOR FECA INTERNAL USA ONLY.

APPROVED BY: _____ DATE: _____

Payment Record

PAYEE NAME:			
BANK NAME:			
FROM ACCOUNT:			
CHECK #:	CHECK DATE:	CHECK AMOUNT:	USD\$