

Hanover Evangelical Friends Church  
**EXPENDITURE REQUISITION**  
 (To be completed by the person requesting expenditure)

\_\_\_\_\_  
 Date of request \_\_\_\_\_  
 Amount of Expenditure

\_\_\_\_\_  
 Commission whose budget is affected \_\_\_\_\_  
 Budget item expenditure is to be paid from

Explanation of request: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

\_\_\_\_\_  
 Person requesting expenditure \_\_\_\_\_  
 Commission Elder's Approval Date

\_\_\_\_\_  
 Stewardship Elder's approval Date  
 (Needed when funds are low)

(Accountant only \_\_\_\_\_  
Payment Date \_\_\_\_\_ \_\_\_\_\_  
Check number Check amount

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