



REQUEST FOR COMMISSION EXPENDITURE

Presbytery of Baltimore

Date Requested: _____

Date Needed: _____

COMMISSION:	Current Balance <input type="text"/>
Dollar Amount Requested: _____	
Budget Line Item/Code: _____	
Make Check Payable To: _____	
Address: _____	
Verifying Signature: <i>(Requested by)</i> _____ <small>(Chair or Staff Liaison)</small>	
<input type="checkbox"/> Describe purpose or intended use of expenditure	

Itemized Expenditures for Reimbursement Only <i>(optional)</i>		
Date	Item Description	Amount
Total		<input type="text"/>

Handling Instructions *(Check One)*

Mail Check
 Hold Check in Office
 Return Check to Requester

Presbytery of Baltimore | 5400 Loch Raven Blvd. Balto., Md. 21239

p. [410.433.3012] | f. [410.433.2066] | office@baltimorepresbtery.org

(Revised: 2/18)