

**Pacific Southwest Mennonite Conference
REQUEST FOR PAYMENT**

Date: _____

***** Please check the account(s) to be charged *****

Conference Minister & Elders:

____ Conf. Minister Expenses ____ Conf. Minister Benefits
____ Elder expenses ____ Elder Orientation & training

Conference Board:

____ Board Travel & Expense ____ Board Orientation ____ Search Expenses

Conference Administration:

____ Bookkeeping & expense ____ Office Equipment ____ Office supplies
____ Staff travel ____ Insurance ____ Panorama
____ Website maintenance ____ Assembly expenses ____ Other _____

Pastoral Leadership Committee (PLC):

____ PLC travel & expense ____ Ministry Inquiry Program ____ Ethics Workshop

Conference Mission Team (CMT):

____ CMT Travel & expense

LIST goods or services obtained and ATTACH RECEIPTS to the back of the form:

<u>Description of Expense</u>	<u>Amount</u>

TOTAL REQUESTED: _____

Pay to:	Name: _____
	Address: _____

	Phone: _____

Mail this Request to: **Pacific Southwest Mennonite Conference
PO Box 39038
Phoenix, AZ 85069**

Questions?: Vivian Schwartz, Bookkeeper phone: 602-995-1438 fax: 602-995-8956 veschwartz@msn.com
effective 7/1/10