

**Pacific Southwest Mennonite Conference
REQUEST FOR PAYMENT**

Date: _____

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

Conference Minister & Elders:

____ **610**-Conf. Minister Exp ____ **612**-Conf. Minister Benefits ____ **668**-Youth Liaison
____ **663**-Elder Expenses

Conference Board:

____ **628**-Board Travel & Expense ____ **630**-Board Orientation

Conference Administration:

____ **638**-Bookkeeping & Exp ____ **632**-Office Equipment ____ **637**-Office Supplies
____ **647**-Staff Travel ____ **626**-Insurance ____ **636**-Panorama
____ **642**-Website Maintenance ____ **646**-Assembly Expenses ____ (____) Other _____

Pastoral Leadership Committee (PLC):

____ **656**-PLC Travel & Exp ____ **660**-Ministry Inquiry Program ____ **658**-Pastoral Training Classes
____ **661**-Pastors Retreat

Conference Mission Team (CMT):

____ **688**-CMT Admin ____ **690**-Planning Committee

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

<u>Description of Expense</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL REQUESTED _____	

Indicate below if you wish to use any part of your expenses as a donation rather than receive reimbursement. A receipt will be provided.
____ **Yes, I wish to have \$_____ applied to PSMC as a donation.**

Pay to: Name: _____
Address: _____
Phone: _____

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

Questions?: Gwen Ratzloff, Bookkeeper phone: 623-349-0220 fax: 888-720-1192 gratzloff@gmail.com