



聖雅福音基督教會  
Harvest Evangelical Church of San Diego

13885 El Camino Real, San Diego, CA 92130  
858-523-9768 | www.hecsd.org | www.harvestsd.com

APPLICATION FOR CASH DISBURSEMENTS

*Directions:* To obtain prompt approval, please read the explanations for the columns headings, and fill-in the designated blanks appropriately. Use one row per receipt. Please attach original receipts. Be sure to have the deacon responsible for the budget category used approve the request.

**Date** Date of purchase  
**Pay to the order of** Individual or entity to whom the reimbursement check is to be written  
**Description** Reasonably detailed description of item(s) purchased  
**Cat.** Budget Category from which the expenditure is to be reimbursed  
**Amt.** The exact amount of the item(s) purchased in US dollars and cents  
**Chk. No.** Check Number

Date	Pay to the order of	Description	Cat.	Amt.	Chk. No.

Applicant \_\_\_\_\_  
Print Name Sign Name Signature Date

APPROVED BY

Deacon/Elder Responsible

\_\_\_\_\_  
Print Name Sign Name Date

Finance Deacon

\_\_\_\_\_  
Print Name Sign Name Date

Notes: