Christian Methodist Episcopal Church
7th Episcopal District – New York-Washington Region
Women's Missionary Society

EXPENSE REQUEST FORM

Instructions:

- Please fill out the attach form to request an expenditure for Missionary activities.
- The form **must** be signed by the Committee Chairperson and President for approval.
- Please return completed forms to the Treasurer. (Submit 2 copies)

CONTACT INFORMATION	
Name:	
Address:	
Telephone #:	E-Mail:

EXPENSE DESCRIPTION: (Please include the purpose and a detail/itemized description of the expense.)

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AUTHORIZATION	
Committee Chairperson Signature:	Date:

AUTHORIZATION	
President's Signature:	Date:

Quadrennial Theme: Missionaries Embracing a New Era of Innovation for Greater Service

Attachment B