

HMBC – Purchasing Policy

1338 Gault Street - Columbus, Ohio 43205

Dr. Bennie T. Henson, Sr. Pastor

To: All Auxiliaries and Ministries

From: Trustee Board and Dr. Henson

Re: Purchasing Policy

Please know that in order to receive reimbursement for purchases, prior approval must be authorized by the Trustee Board. The request for funds is made by submitting a request slip to the board. If prior authorization is not received, this may result in denial for requested funds, even if monies have already been spent. Also, each purchase must be accompanied with a receipt.

It is necessary for the finance department to be able to document the expenses of the church. Therefore, if requests are made for a check to be made out to an individual, receipts must be received prior to receiving reimbursement. As soon as the receipt is received, the individual will be reimbursed as soon as possible by check

Stewardship is a responsibility of the church and we ask for your cooperation in working with us to fulfill this endeavor.

Thank you and May God bless you.

HEBREW MISSIONARY BAPTIST CHURCH
1338 GAULT STREET
COLUMBUS, OHIO 43205
Dr. Bennie T. Henson Sr., Senior Pastor

REIMBURSEMENT - Request FORM

Date _____

Purchase _____

Place of Purchase _____

Reason for purchase _____

Auxiliary or Department _____

Receipt Yes _____ No _____ (Please attach to the back of form)

Amount \$ _____

Name _____

Signature _____

Pre-approval Date _____ Signature _____

Authorized By
Signature _____

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Request for Funds Form

This form represents your request for funds on behalf of your ministry or auxiliary. Please answer all questions as clearly and completely as possible. Keep in mind, there could be as much as a four-week turnaround between the submission of the request for funds, the approval and the actual disbursement of funds.

1. **Ministry making the request** _____

2. **Director/Chairperson** _____
Signature

3. Ministry/event planned. Please specify nature of ministry or event, date, to whom it is intended to serve and the anticipated resources needed.

Date Submitted _____ **Date funds are needed** _____

4. Please itemize funds usage and anticipated cost.

Itemization of funds Usage and Anticipated cost

<u>Item</u>	<u>Anticipated Cost</u>
Food	_____
Materials	_____
Transportation	_____
_____	_____
_____	_____
_____	_____

Disbursement of Funds*

All funds will be disbursed by check or credit card please supply the following information.

Pay to the order of _____

Mailing Address _____

Additional Information

Is there any additional information you wish to be considered as it relates to this request?

*Receipts for disbursed funds must be turned into the Trustee Board within 10 days of the event/function.

Request:

Approved _____

Denied _____

Additional information needed
