

**ST. PAUL AFRICAN METHODIST EPISCOPAL CHURCH
CHRISTIAN LIFE CENTER
85 Bishop Allen Drive, Cambridge, MA 02139**

TRANSMITTAL FORM for MINISTRY ORGANIZATIONS
(Please TYPE or PRINT CLEARLY and complete ALL requested information)

Organization Name: _____ Today's Date: _____

Authorized Officer Name: _____ Position*: _____
(* authorized officer must be President or Treasurer of the Organization)

Auth. Officer email: _____ Daytime phone: (____) _____

A I am making a deposit (complete information below)		
	<u>Amount</u>	<u>Source of Funds/Description:</u>
Cash & Currency **	\$ _____	
Checks (____ # of checks)	\$ _____	
Total Deposit	\$ _____	
** when leaving cash to be deposited, the individual receiving cash and the individual delivering cash must both initial the amount in "cash & Currency" above		
Confirming Cash: <u>print</u> name of individual receiving cash		Confirming Cash: <u>print</u> name of individual delivering cash

B I am requesting a payment/check (complete information below)	
Payee Name:	_____
Payee Address:	_____
Amount:	_____
Payee Phone # (____) _____ - _____	Payee Email Address: _____
Purpose of Payment: _____	
Date Needed: _____	
Check will be (choose one)	
<input type="checkbox"/>	Picked up at the CLC (Office of Executive Assistant)
<input type="checkbox"/>	Mailed to the vendor at the address above
<ul style="list-style-type: none"> - If requesting reimbursement for out of pocket expenses, please include all receipts supporting these expenses - If requesting an advance or "seed" money, please see St. Paul's policy on expense reimbursement and complete the necessary W-9 and acknowledgement. Please return a copy of THIS request approved form, with receipts to reconcile this transaction. 	

C I am requesting a transfer be made from the Ministry account to the Church's account (complete information below)	
Amount of Transfer	\$ _____
Purpose of Transfer _____	

(Office use only) Approved by: _____ Date: _____