EFCSD/EFCO
APPLICATION FOR CASH DISBURSEMENTS

To obtain approval promptly, please read the explanations for the column headings, and Fill in the blanks. Please attach any receipts that you have.

Date Date of Application
Pay to the order of: Individual/Entity to whom the check is written
Description: Detail description of spending
Cat (Category): See detailed applicable Annual Budget.
Amt (Amount): Exact amount in dollars and cents.
Chk No: Check Number

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

Applicant _____ _____ _____
Print Name Sign Name Date

APPROVED BY

Responsible Deacon

_____ _____ _____
Print Name Sign Name Date

Finance Deacon

Shunyee Ng _____ _____
Print Name Sign Name Date

Notes _____