

By submitting this form, you authorize the designated amount to be paid from your AP account.

Date Submitted:	Alliance Partner:
Person Submitting Request:	
Contact Email:	Phone:

Put an "X" by the appropriate category: (PLEASE complete all sections on Page 1)

- Reimbursement** (for out-of-pocket expenses)
- Vendor Payment** (for goods or services from 3rd party, including contract labor)
- Mileage Reimbursement** (mileage driven for ministry purposes, not commuting) (see pg 2)
- Funds-In-Advance** (requesting a check in advance of purchase, this is rare) (see pg 2)

Payee Information:

Make check payable to:		
Payee address (required even for ACH payments):		
City:	State:	Zip:
<input type="checkbox"/> Updated Address? check here if this address is updating the information we previously had on file		

Payment Method (check one) **Direct Deposit** (preferred) **Check by Mail**

FOR DIRECT DEPOSIT:

(If we have made payments to this Payee previously, you do not need to send Direct Deposit information again, UNLESS it has changed.)

Routing Number:	Account Number:	Bank Name:
Name on Account:	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	<input type="checkbox"/> Person <input type="checkbox"/> Business/Organization

Amount and Designations:

Total Amount to be Paid:		
List Accounts Separately: (refer to your AP Chart of Accounts for account numbers) (for additional space, see pg 3) IF YOU AREN'T SURE WHICH ACCOUNT TO USE, WRITE A DETAILED DESCRIPTION AND WE WILL CHOSE THE APPROPRIATE ACCOUNT		
Acct #:	Amount:	Description:
Acct #:	Amount:	Description:
Acct #:	Amount:	Description:

- **Receipts MUST be scanned and submitted with reimbursement request.**
Attach scanned receipt(s) and this form to one email (not multiple emails).
- Invoices are paid within 10 days of being received in our Bill.com inbox.

Email this form and attached backup receipts to: WomensNPA@bill.com

For Mileage Reimbursement:

**Please complete the Payee Information and Payment Method sections on page 1.
Then use the formula below to find the total amount.**

Amount will be automatically accounted to your Mileage Account, usually Account # 800

Total trip mileage: _____ miles X .535 = \$ _____ (\$ to be reimbursed)
(e.g. If total trip mileage is 367 miles X .535 = \$196.35)

Explanation of trip:

For Funds-In-Advance:

Under special circumstances, we can issue a payment in advance of the expense being incurred. A common example might be group travel expenses, like food or lodging, when large amounts will be spent and you prefer not to pay out-of-pocket and be reimbursed later. Also, occasionally event vendors require payments/deposits before an official invoice is issued.

1) Please complete the Payee Information and Payment Method sections on page 1.

2) Describe what the requested funds will be used for:

3) Estimate the anticipated costs. How much do you need in advance?

\$ _____

4) Receipts must be submitted within 15 days documenting *reasonable ministry use of all funds*. If receipts are not received (up to the amount paid in advance), you will either need to return the unused funds OR we will process it as Contract Labor (aka taxable income to the Payee).

- **Receipts MUST be scanned and submitted with reimbursement request.**
Attach scanned receipt(s) and this form to one email (not multiple emails).
- Invoices are paid within 10 days of being received in our Bill.com inbox.

Email this form and attached backup receipts to: WomensNPA@bill.com

