



For good. For ever. For all.

32 West Michigan Avenue, Suite 1
Battle Creek, MI 49017

Phone: (269) 962-2181 Fax: (269) 962-2182

COMMUNITY PROJECT FUND EXPENDITURE REQUEST FORM

Amount Requested \$ _____ Account to be Charged _____

Purpose of Expenditure _____

Check Payable to _____ Phone _____

Address _____ Email _____

Request Authorization: (1 signature for amounts up to \$250 and 2 signatures required for amounts over \$250). Checks payable to an authorized signer must be signed by another authorized signer regardless of amount.

Authorization:

1st Signature _____ Date: _____

2nd Signature _____ Date: _____

Authorized to sign:

Note: Checks are issued on the 15th and 30th of the month or the closest business day prior. To see dates when invoices must be submitted to meet the check run date, reference the Payment of Invoices Schedule.

For BCCF Internal Use Only

Fund to be charged _____