



Labor Compensation Request Form

(For Church Members and Independent Contractors)

Applicant (Print Name and Sign): _____ Date: _____

Labor Date	Labor Description (Mowing, Cleaning, etc.)	Hours Spent	Hourly Rate	Sub-Total (USD)	Budget Code for Accounting

Total: _____

Approval by (Print Name and Sign): _____ Date: _____

TCCC Check #: _____ Processed by: _____ Date: _____

Notes:

- Be sure to attach all the receipts with this request. Please allow up to two weeks for processing. Contact Finance Team if you do not receive the reimbursement check after two weeks.
- Obtain the approval of the expenses from the responsible deacon or his/her delegate, or ministry leaders (such as Children Worship leader, Children Sunday School leader, etc). Contact Deacon Board Chair or Finance Team if you have any questions about coworkers with approval authority.