

ATTACH RECEIPT TO BACK OF THE FORM IN THE RIGHT-HAND CORNER

Bethany Primitive Baptist Church

Reimbursement/Payment Request Form

DATE: _____ REQUESTED BY: _____ (PLEASE PRINT)

REQUESTER'S SIGNATURE: _____

TYPE OF ACTION:

- Automatic Bank Draft
 Advance Check Request
 Debit Card
 Lifeway Credit
 Payment Request
 Reimbursement/ Credit-To

MINISTRY (PLEASE CHECK MINISTRY BOX BELOW):

<input type="checkbox"/> Abex	<input type="checkbox"/> Deacons/Deaconess <small>(Communion/Baptism Supplies, Gloves)</small>	<input type="checkbox"/> Music Ministry	<input type="checkbox"/> Telephone/Internet
<input type="checkbox"/> Benevolent	<input type="checkbox"/> Evangelism Ministry	<input type="checkbox"/> Nursery	<input type="checkbox"/> Trustee Board
<input type="checkbox"/> Bereavement	<input type="checkbox"/> Facility Operations	<input type="checkbox"/> Office/Copier Supplies	<input type="checkbox"/> Usher Ministry
<input type="checkbox"/> Brotherhood Ministry	<input type="checkbox"/> Finance Ministry	<input type="checkbox"/> Praise Dance/Drama	<input type="checkbox"/> Van Ministry
<input type="checkbox"/> Christian Education	<input type="checkbox"/> Food/Kitchen Ministry	<input type="checkbox"/> Pastor's Care <small>(robe cleaning)</small>	<input type="checkbox"/> Women's Auxiliary
<input type="checkbox"/> Church Custodians	<input type="checkbox"/> Gifts of Love	<input type="checkbox"/> Pest Control	<input type="checkbox"/> Youth Ministry
<input type="checkbox"/> Colorama	<input type="checkbox"/> Lawn Care	<input type="checkbox"/> Salaries	<input type="checkbox"/> _____

PURPOSE OF PURCHASE: _____

CHECK PAYABLE TO: _____

DATE OF PURCHASE/ REQUEST	DESCRIPTION OF ITEM(S)/PAYMENT REQUEST	AMOUNT
TOTAL:		

For Official Use

APPROVED BY: _____ CHECK ISSUE DATE: _____

RECIPIENT OF CHECK: _____ CHECK # _____