

NEW MACEDONIA BAPTIST CHURCH

Riverdale, Georgia

CHECK REQUISITION FORM

Auxiliary or Ministry Name Date

Account Number Budgeted Funds Ministry Funds

(Check the One That Applies)

Line Item Balance \$ Amount of Request \$

(Prior to Requisition)

Funds to be Used for:

Make Check Payable to:

Home Address:

Contact Number:

Approved by: _____

(Ministry President, Committee Chair or Supervisor)

Requested by: _____

(Ministry Treasurer, Ministry Chair or Committee Member)

NOTE: Please Attach Receipt(s) if the Expense Has Already Been Incurred. Otherwise Provide Receipt(s) to the Assistant Financial Secretary Within 15 Days From the Date of Your Requisition.

FOR MINISTRY OF STEWARDSHIP & FINANCE ONLY

Balance in Account (Prior to Requisition) \$ _____

Approved by: _____ Date: _____

Comments: _____

FOR FINANCIAL SECRETARY ONLY

Date Issued: _____ Check Number: _____

Signature: _____ Date: _____

FOR CHURCH TREASURER ONLY

Check Mailed: _____ Check Picked Up: _____

Signature: _____ Date: _____