

Bethany Primitive Baptist Church

Reimbursement/Payment Request Form

DATE OF REQUEST: _____

REQUESTED BY: _____ (PLEASE PRINT)

REQUESTER'S SIGNATURE: _____

TYPE OF REQUEST:

- Advance Check
 Debit Card
 Payment Request
 Reimbursement Check

MINISTRY (PLEASE CHECK MINISTRY BOX BELOW):

<input type="checkbox"/> Christian Education <input type="checkbox"/> Church Administration <input type="checkbox"/> Couples Ministry <input type="checkbox"/> Deacons <input type="checkbox"/> Deaconess <input type="checkbox"/> Evangelism Ministry FRAC: _____ OTHER: _____	<input type="checkbox"/> Finance Ministry <input type="checkbox"/> Hospitality Ministry <input type="checkbox"/> Men's Ministry <input type="checkbox"/> Music Ministry <input style="color: red;" type="checkbox"/> Payment Request Musician _____ Drummer _____ Bass Player _____ Music Director _____ Other _____	<input type="checkbox"/> Nursery <input type="checkbox"/> Office/Copier Supplies <input type="checkbox"/> Pastor's Aide <input type="checkbox"/> Recreation Ministry <input type="checkbox"/> Singles Ministry <input type="checkbox"/> Trustee Board	<input type="checkbox"/> Usher Ministry <input type="checkbox"/> Women's Auxiliary <input type="checkbox"/> Worship Ministry Step-Team _____ Praise Dance _____ Drama _____ Greeters _____ Audio/Sound _____ <input type="checkbox"/> Youth Ministry
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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 #** _____