

Mt. Pleasant Missionary Baptist Church

505 White Horse Rd * POB 8634 * Greenville, SC 29604 * 864-277-0462

FINANCIAL FORM (Financial Secretary office hours Wednesdays 4pm-7pm)

Request Submitted By: _____ Date _____

Make check payable to:

Name _____

Address _____

Phone: _____ Mail _____ Will Pick-up _____

Reason _____

Advance _____ Reimbursement _____ Refund to Church from Advance _____ Other _____

(NOTE: Original itemized receipts must be attached for all reimbursements dated within 90 days to avoid issuance of 1099M; request made by 7pm Wednesday will be ready for pick-up the following Sunday, or mailed based on your preference)

| Place/Vendor | Amount |
|--------------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Total | _____ |

Signature (Ministry Leader) _____

Approved by: (Pastor) _____ (Deacon Chair) _____

Trustee Chair Notified _____

Budget _____ (budget to deduct funds from)

Staff Only

Check # _____ Amount _____ Date _____

Budget Balance _____

Revised 8/2013apm