

Bill Payment/Reimbursement/Deposit Form

Date: _____

Ministry: _____ Account # (required) _____

Purpose: _____

Check / Charged Amount: _____ OR Deposit Amount: _____
(Please circle one) Attach receipts for charges or bill to be paid)

Is this item budgeted? Yes No

Make Check Payable to: _____

Person Requesting Payment/Reimb./Deposit: _____

Approving Signature: _____
Ministry Area Pastor/Director (Required)

*Place completed form and bills/receipts in **Pastor Greg's mailbox**. Payment will be delayed if Account # or approving Signature is missing.*

Office Use Only

Check # _____

Amt. Paid _____

Date Paid _____

Initials _____

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