

TRINITY BAPTIST CHURCH
Check/Reimbursement Request

_____ Date Needed

Pay To the Order of _____ \$ _____

Address _____

City, St, Zip _____

_____ Dollars

_____ For _____ (Your Signature)

Approved by: _____
 (Committee Chairperson or Department Director)

_____ Budget (000) _____ Designated Fund (002) or (004)

_____ Building Fund (001) _____
 (specify designated account name)

Fund	Comm/Dept#	Acct#	Amount	Description
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____

<p>_____ entered</p>	<p><i>(Office Use Only)</i></p> <p>_____ Mail to above address</p> <p>_____ Leave at church office for pick up by</p> <p>_____</p>
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Note: Checks are processed and signed every Wednesday. You must turn in your request by 4:00 on Tuesday to have your check processed the next day. Be sure you have the needed approval signatures from your chairperson or department director.