



BETHLEHEM BAPTIST CHURCH PURCHASE/REIMBURSEMENT REQUEST FORM

Today's Date: _____

Accounts: (1) _____ (Requestor's name / Other)

(2) Bethlehem Baptist Church

Purchase Request Amount Paid: \$ _____

Reimbursement Amount Paid Out: \$ _____

Date submitted: _____

Received By: Dec. Joe Dale Dec. Tony Perry

Purpose/Items purchased: _____

Check off the following:

Ministry Request Purchase

Ministry Leader Request Reimbursement

Check off for what ministry:

Pastoral Care

Sanctuary Care

Music Ministry

Mission

Deacon/Deaconess

Youth Ministry

Admin Asst/Marketing

Hospitality/Kitchen

Bus Ministry

Family Life/Social Concern

Maintenance/Janitorial

Security

Media Production Ministry

Christian Education Ministry

Sunday School/WNBS

Receipts attached: Yes No

(If no, please explain: _____)

PLEASE ATTACH COPIES OF ALL RECEIPTS IF THIS IS FOR REIMBURSEMENT/PURCHASE REQUEST. NO REIMBURSEMENT WILL BE GIVEN WITHOUT RECEIPTS.

Signature of Requestor: _____

**** PLEASE RETURN THIS FORM BACK TO DEACON JOE DALE OR DEACON TONY PERRY ****

The requestor was given the amount requested above on this date _____

out of the general funds account of BBC by check # _____

by _____ and was received by in person by _____.

(Church Finance Officer)

(Signature of Requestor)