



Cedar Street Baptist Church of God
Dr. Anthony M. Chandler, Sr., Pastor

- REIMBURSEMENT**
- FINANCIAL REQUISITION**

	Check
	Credit Card
	Office Pick-Up
	Please Mail
	Transfer Ministry Funds

Today's Date:

MINISTRY/COMPANY:	MINISTRY CODE
MAKE PAYABLE OR TRANSFER TO:	AMOUNT REQUIRED:
	\$

(PLEASE INCLUDE ADDRESS IF CHECK NEEDS TO BE MAILED)

Purpose or Use of above Funds:

~ PLEASE NOTE: IF FUNDS ARE NEEDED FOR PAYMENT TO ANOTHER COMPANY OR MEMBER, FORMS MUST BE SUBMITTED AT LEAST 7 BUSINESS DAYS PRIOR TO DATE NEEDED.

~ REIMBURSEMENT CHECKS WILL BE ISSUED WITHIN 7 BUSINESS DAYS OF RECEIPT OF APPROVED REQUISITION.

~ PLEASE ATTACH A COPY OF THE RECEIPT OR BILL.

APPROVALS

Name: _____ Phone #: _____

Executive Pastor/Designee: _____ Date: _____

Pastor: _____ Date: _____

<p>For office use only:</p> <p>Chief Financial Officer: _____ Date: _____</p> <p>Comments: _____</p>
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