

Ebenezer Baptist Church

"The Church That Love Built" ~ In HIS Service Since 1877

Requisition / Check Request Form

DO NOT ATTEMPT TO OBLIGATE THE CHURCH FINANCIALLY UNTIL YOUR REQUEST HAS BEEN PROPERLY APPROVED BY THE CHURCH ADMINISTRATOR, AS YOU MAY BE HELD INDIVIDUALLY LIABLE!

Instructions: Print or type your information. Fill out all information requested on the top portion of this form. Submit a separate requisition form for each request. Once complete, return this form to the Church Administrator for pre-approval four weeks before date of payment is required. If the request is for an order, allow additional time for shipping. The Church Administrator is the primary purchasing agent for the church. Purchases or expenditures made without advance authorization may result in the request being denied.

Check One: Order Advance Reimbursement Pay
Date of Requisition: _____ Date of Event/ Request is Needed By: _____
Amount Requested _____ Invoice/Bill # _____
Requested By: _____ Ministry/Staff _____

Circle the Correct Five-Fold Church Ministry Project Code for this expenditure:

Ministry = 10 Mission = 11 Fellowship = 12 Discipleship = 13 Worship = 14

Daytime Telephone Number: _____

Evening Telephone Number: _____

Payable To: _____

Address: _____

SS# or Tax ID #: New W-9 on File: _____

Payable For: Food Supplies Tax Invoice Honorarium Travel Other

Explain: _____

Office Use Only:

Church Administrator's Approval: _____ Date: _____

Shelby GL #: _____ (Multiple Accounts should be listed on the back)

Date Entered Into Shelby System: _____ By: _____

Paid by (Circle appropriate Method) Credit Card / Online (ACH) / Via Phone / or Check Printed

Date Paid _____ Check / Payment Amount: _____

Check or Confirmation # _____

Authorized Check Signers:

By my signature on this form, I acknowledge that I am a signer on the check number listed above and/or that I have verified the accuracy of the information on each requisition form and check and made sure everything is proper to the best of my ability.

Trustee Chair / Trustee Co-Chair: _____ Date: _____

Treasurer / Assistant Treasurer: _____ Date: _____

