

Myrtle Baptist Church

Disbursement Request Form

Today's Date: _____

| |
|--------------------------------|
| Name _____ |
| Email _____ Date Needed: _____ |
| Telephone # _____ |
| Ministry _____ |

| |
|--|
| |
| |
| |
| |

Make Check Payable To: _____

Mail Check To or Hold for Pickup By: _____

| Description | Reason for Items Requested | TOTAL |
|--|----------------------------|-------------------|
| | | |
| | | |
| Attach supporting documentation (emails, price quotes, etc.) | | Less (-) Advances |
| Submitted by: _____ | | \$ - \$ TOTAL |

Trustee/Finance Committee Approval: _____

Date: _____

Please submit requests at least 30 days before funds are required.