

Regular Arkansas Baptist Convention, Inc.
P.O. Box 2736
Pine Bluff, Arkansas 71613



Guidelines for Disbursement/Reimbursement
(Accepted 17 February 2007)

1. Requests for expenditure must be made at least one (1) month in advance.
2. All expenses incurred must be directly related to Regular Arkansas Baptist Convention work.
3. Expenses exceeding \$50.00 must be approved in advance if reimbursement is expected.
4. Receipts must be provided within thirty (30) days for all expense advances for meetings, except per diem. Per diem allowance will be \$30.00 per day. (Note: No mileage will be given for use of personal automobiles.) If the previous expense has not been reconciled, no further expense advances will be made.
5. All requisitions must be signed by the department head or his/her authorized representative and submitted to the Executive Secretary.
6. No contracts should be entered into without prior approval from the president or his designated/appointed representative.
7. Every effort should be made for expenses to be paid to the vendor.

Instructions for completing the form

1. The quantity is the number of items requested. As regards to hotel, you should indicate the number of nights you are to be staying, etc.
2. The description is the item itself: Room, Board, Travel, Registration, etc.
3. The unit price is the amount per item. As related to hotel, indicate the room rate per night; as related to per diem, the rate per day; etc.
4. The line total is the quantity times the unit price.
5. Each item should be listed separately.



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Requisition

(Please Read the Guidelines and Instructions on the Reverse Side)

Date: _____

Make Check Payable to:
(include the mailing
Address, if to be mailed
Directly to the provider.)

Purpose of the Disbursement: _____

Auxiliary or Committee to be Charged: _____

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
Total Amount of the Request			

Requested By: _____

Signature of Auxiliary/Committee Head: _____

Do Not Write Below This Line (This section is for use by the Executive Secretary)

Date Received: _____ Approved by: _____