

Pennsylvania Baptist State Convention

Check or Reimbursement Request

Print all requested information on this form Revised Date 12/2021

Date		Ministry	
Amount of Reimbursement		Requested By	
Description of Expense			
Data Needed		Ministry Head Approved By	Print Names:
Ministry Head Signature			
Amount Approved		Treasurer Signature	
PBSC President Signature			

Mail Request to: Sister Saude A. Jordan 937 Fulton Street Lancaster, PA 17602

Mailing Address to send the check to: (print clearly)

Official Use only below this Line

Check # _____

Date Received: _____

Date Receipt Mailed: _____

Treasurer's Comments or Concerns

For query or questions please contact:
 Sister Gwendolyn P. Ware
 Wareg54@aol.com
 412-849-4401