## Pennsylvania Baptist State Convention Check or Reimbursement Request

Print all requested information on this form Revised Date 2/2022

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 Gwendolyn P. Ware 1406 Sherman Avenue Pittsburgh, PA 15212  Mailing Address to send the check to: (print clearly)		
official Use only below thi	ine	Check #
ale Keceivea:		<del></del>
Pate Received: Pate Receipt Mailed:		Treasurer's Comments or Concerns