Pennsylvania Baptist State Convention Check or Reimbursement Request

Print all requested information on this form Revised Date 2/2014

	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		
	***************************************	***************************************
il Request to: Sister Nico		ry, 131 School Road, Uniontown, PA 1540
	ck: (print)	ry, 131 School Road, Uniontown, PA 1540 Check #
cial Use only below this Received:	ck: (print) Line	