

**NEW MOUNT CALVARY MISSIONARY BAPTIST CHURCH
REQUISITION FORM**

Date of Request: _____ Amount of Request: \$ _____

Person Making Request: _____ Contact Phone # _____

Auxiliary or Ministry: _____

Purpose of Request: _____

Make Check Payable to: _____
(Print Name)

Check Received by: _____
(Signature)

Please submit written request to the Business Office at least two weeks in advance. If time permits and funds are available, requests received on Wednesday may be ready for Sunday disbursement; requests received on Sunday will be ready for Wednesday disbursement. You will receive a phone call when check is ready for pickup. This form must be completed in its entirety and have the correct signatures. ALL RECEIPTS MUST BE TURNED IN TO THE BUSINESS OFFICE NO MORE THAN SEVEN (7) DAYS AFTER THE EVENT.

TREASURER: _____ DATE: _____
Signature

LEADER/PRESIDENT/PASTOR: _____ DATE: _____
Signature

(FOR OFFICE USE ONLY)

Ministry Account Code: _____ Check #: _____

Reviewed by: _____ Date: _____
Financial Analyst

Approved by: _____ Date: _____
Church Business Administrator

Check Disbursed by: _____ Date: _____
Financial Analyst