

Second Missionary Baptist Church, 818 N Apperson Way, Kokomo, IN 46901

Financial Requisition Form

Please complete this form when requesting funds and return the form at least one week in advance of payment request to the Financial Secretary. Please attach invoice, receipts, order form, vendor quote, etc. for documentation. The funds must be used for the purposes requested and all unused funds must be returned with original receipts with all expenses that show the purchase, amount, date and place of purchase. No more than one (1) event/activity per form.

Submission Date: _____

Name of Ministry: _____

Requestor's Name: _____ **Phone:** _____

Budget Line Account Number: _____

☐ **Budget Item**

☐ ***Non Budget Item**

***Non budgeted Items must be approved by the Pastor and SMBC Official Board. This process requires the signatures of five (5) Deacons, five (5) Trustees and three (3) Budget Committee Members. (SEE BACK OF FORM TO COMPLETE REQUIRED SIGNATURES.)**

Purpose for Funds: _____

Amount of Money Requested: _____

Form of Payment Requested:

☐ **Check: Mail** ☐ **or Pick up** ☐ **(Name of person picking up check** _____ **)**

☐ **Church Credit Card last 4** ____ ☐ **Church Account/Direct Bill** ☐ **Gas Card last 4** ____

Date Needed: _____

Make Check Payable To: _____

Requestor's Signature: _____

For Office Use:

Approval: _____ **Yes** _____ **No**

Explain:

Amount Approved: _____ **Date** _____ **Check No.** _____

Financial Secretary/Treasurer _____

Pastor _____

NON BUDGETED REQUEST SIGNATURES

Deacons (5 representatives)

1. _____

2. _____

3. _____

4. _____

5. _____

Trustees (5 representatives)

1. _____

2. _____

3. _____

4. _____

5. _____

Budget Committee (3 members)
