

Galilee Missionary Baptist Church

Date Received _____

Rev. Dr. Nathan E. Scovens

4129 Northampton Drive, Winston-Salem, NC 27105

Church Office: (336) 724-3857 Fax: (336) 724-3821

Fund Request Form

Requestor's Name:	Phone:
Description of Requested Item(s) or Service:	

Amount \$ _____
(Choose Payment Method Below)

- Check
 Ministry account
 Church Account
 Reimbursement

Attach: invoice, order form or contract * Incomplete request will delay processing

NOTE:
REIMBURSEMENTS MUST INCLUDE ORIGINAL RECEIPTS
FUND REQUESTS WILL BE PROCESSED WITHIN 5 DAYS

Purpose or Activity: _____

Date Required _____

Ministry _____ Approved Budget \$ _____

Ministry Servant Leader _____

If check required:

Pay to: _____

Address: _____

Phone: _____

**** If more than one payee, please attach additional information

FOR OFFICE USE:	YTD Budget	_____
	Available Funds \$	_____
	Approval by _____	Date _____
	Approval by _____	Date _____
Notes:	_____	
_____	_____	