

# New Bethesda Baptist Church

## Disbursement Request

To: Church Treasurer

Date: \_\_\_\_\_ Disbursement Request # \_\_\_\_\_

Please have the check drawn as follows: (Complete name and address required)

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

Address #2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check in the amount of \$ \_\_\_\_\_ Date Check Required: \_\_\_\_\_

Please provide an explanation or purpose of the disbursement along with any special instructions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preparer's signature: \_\_\_\_\_ Receipts attached?  yes  no

Budget Distribution Information Requested:

\_\_\_\_\_ | \$ \_\_\_\_\_  
\_\_\_\_\_ | \$ \_\_\_\_\_  
\_\_\_\_\_ | \$ \_\_\_\_\_

For Church Treasurer Use Only:

Total = \$ \_\_\_\_\_

Check # \_\_\_\_\_ Check Date: \_\_\_\_\_