

Friendship Missionary Baptist Church

check here **REQUEST OF FUNDS**

CREDIT CARD REQUEST check here

TODAY'S DATE: _____

DATE OF EVENT: _____

EVENT: _____

<u>LINE ITEM #</u>	<u>CHECK WRITTEN TO/CREDIT CARD</u>	<u>REASON FOR REQUEST</u>	<u>AMOUNT REQUESTED</u>
1.			
2.			
3.			
4.			
5.			
6.			

Authorized Representative

Approving Authority

****PLEASE NOTE: A FORM MUST BE COMPLETED FOR EACH INDIVIDUAL REQUEST BEING MADE TO MULTIPLE PAYEES/ORGANIZATIONS. FORMS NOT PROPERLY COMPLETED WILL NOT BE PROCESSED.***

OFFICE USE ONLY: CHECK NUMBER _____ **DATE CHECK WRITTEN** _____

check here **RETURNS**

UNUSED FUNDS REPORT

<u>LINE ITEM # / EVENT</u>	<u>Amount Received</u>	<u>Actual Cost</u>	<u>Amount Returned</u>
1.			
2.			
3.			
4.			
5.			
6.			
Totals			

Remarks: _____

****PLEASE NOTE: ATTACH ALL RECEIPTS AND RETURN WITHIN 5 BUSINESS DAYS OF EVENT COMPLETION ALONG WITH ANY UNUSED MONIES. FAILURE TO DO WILL RESULT IN DISCONTINUATION OF DISBURSEMENT OF FUNDS TO YOUR AUXILIARY.***

Signature of Returnee _____

Secretary/Treasurer _____

Date of Return _____

Check Number _____

Original Voucher Number _____

FRIENDSHIP MISSIONARY BAPTIST CHURCH
400 Campbell Avenue
Fayetteville, North Carolina 28301

VOUCHER

Payee _____

CHECK NO. _____

Address _____

Date _____

City, State _____

Telephone # _____

Line Item	Invoice Date	Acct #	Description	Amount

Name of Auxiliary

Authorized Signature