

Requisition of Funds

Mayfield Memorial Missionary Baptist Church
700 Sugar Creek Road West
Charlotte, NC 28213

Date: _____

Name of Auxiliary Requesting Funds: _____

Check Amount: \$ _____

Name of Person Check Is To Be Made: _____

Requested funds are for: *(check one)*

- Reimbursement of Expenses *(Please attach receipts)* Other Exchange of Money

Please provide detailed description (food, travel, supplies, type of expenses, etc.)

Description of Expense(s): _____

| Account Number | Ministry Budget | Funds Used to Date | Funds Remaining |
|----------------|-----------------|--------------------|-----------------|
| | | | |

Signature of Authorized Persons: *(Must have two signatures)*

Auxiliary Chairperson: _____ Secretary: _____

Instructions:

- Please fill out form completely **(See the Requisition Policy and Procedures for additional instructions)**
- Requisitions with authorized signatures **must** be in the church at least 2-weeks before funds are needed. Requisitions are reviewed every 3rd Tuesday, during Trustees/Directors meeting.

| For Office Use Only | For Board of Trustees Use Only |
|--|--|
| Date Requisition Received _____ Check # _____ Date of Check _____ Budget Item # _____ | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved If Disapproved, reason: _____ Signature, Board of Trustees Chairperson _____ Date: _____ |