



Bethlehem Baptist Church

4 Harrison Bridge Road

Simpsonville, SC 29681

Phone: (864)963-3527, Fax: (864)228-1887

Check Request /Deposit /Reimbursement Form

(Please allow 7 business days to process check request)

General Information

Date Requested: _____ Date Needed: _____ Total Amount: \$ _____

Requestor Name: _____ Ministry Name: _____

Payable to: _____

Address: _____ Phone No.: _____

City _____ State _____ Zip _____

Mail Check? [] Yes [] No Other Instructions _____

Description/Comments _____

Transaction Type: [] Check Request [] Currency Deposit [] Reimbursement [] Account Transfer

Account Number	Amount	Date & Description
	\$	

Please staple receipts and other supporting documents to this form.

REQUIRED SIGNATURES

Signature of person requesting funds: _____

Ministry Officer signature of approval: _____
(President/Treasurer)

Finance Ministry Representative: _____

FOR FINANCE OFFICE USE ONLY

Date: _____ Finance Signature: _____

Account Number _____ Form 1099 (payee)* _____
*Obtain Form W-9 from payee

Comments: _____