



# Bethlehem Baptist Church

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## Check Request /Deposit /Reimbursement Form

*(Please allow 7 - 10 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

Ministry Officer signature of approval: \_\_\_\_\_  
(President/Treasurer)

Cluster Leader signature of approval: \_\_\_\_\_

### FOR FINANCE OFFICE USE ONLY

Form 1099 (payee)\* \_\_\_\_\_

*\*Obtain Form W-9 from payee*

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Date Paid: \_\_\_\_\_  Check  Online

Date Filed: \_\_\_\_\_