

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 Informa	tion	
Date Requested:		_Date Needed:	Total Amount: \$	
Requestor Name:		Ministry Name:		
Payable to:				
			Zip	
Mail Check? Description/Comments				
			[]Reimbursement []Account Transfer	
Account Number	Amount	T	Date & Description	
	\$		•	
Please staple receip	ots and other supporti	ng documents to t	his form.	
		IRED PHYSICAL S		
Signature of person req	uesting funds:			
Finance Ministry Repre	esentative:			
	FOR	FINANCE OFFICE	USE ONLY	
Date:		Finance Signature:		
Account Number		Form 1099 (payee)* *Obtain Form W-9 from payee		
Comments:				

Revised 3/11/2013 0:\Church Business\Forms\CheckRequestFillable