

Springfield Baptist Church

PAYMENT REQUEST VOUCHER

Date: _____

Payment Type: Vendor _____ Reimbursement _____ Other _____

Payee: _____

Payment amount: _____

Payment needed by: _____

Requested By: *(Ministry requests only from Officers)

_____ Date _____
Administrative Review By:

_____ Date _____
Approved by: Pastoral/Executive Level

To be completed by Financial Representative or Trustee

Ministry Budget # _____ Check # _____

G/L Posting Date _____ Check Date _____

_____ Date _____
Financial/Trustee Approval Signature

**Attach receipts, invoices or other supporting documentation to back of form.