

Pilgrim Baptist Church

Check Requisition

PLEASE PRINT AND FILL OUT COMPLETELY.

Today's date _____ **Date needed** _____

After Wednesday's at 4:00 p.m., please allow one week for payment.

Check type of payment below

____ Advance ____ Reimbursement ____ Payment ____ Honorarium

Ministry Account Number _____

Estimated Cost (Advance) _____ Tax Discounts _____

Amount Requested _____

Request made by (Print) _____

Make Check Payable to _____

Address _____

City, State ZIP Code _____

Provide only if payment type is Honorarium

Speaker is not incorporated: Social Security Number _____

Speaker is incorporated: Federal Tax ID # _____

Reason for Request (*)

Required Signatures

Requestor (*) _____

Ministry Chair (*) _____

Check Signer _____ Check Signer _____

()If not supplied when form is submitted, the check may be delayed.*