

PLEASANT GROVE BAPTIST CHURCH
REQUEST FOR PAYMENT

AMOUNT	DATE
PAYEE	
Explanation/Purpose	

Leave check in office for pick up: _____
(if no, please fill out address below)
Mail Check to:

Signature of Person Requesting Reimbursement

Committee Chairperson Approval/Signature

Please attach receipts and any other documentation to this request.

OFFICE USE ONLY			
Date Paid	ACCOUNT #	AMOUNT	
Check Number	ACCOUNT #	AMOUNT	
Amount Paid	ACCOUNT #	AMOUNT	
	ACCOUNT #	AMOUNT	
	ACCOUNT #	AMOUNT	

Date Entered
Initials