



Wheat Street Baptist Church
359 Auburn Avenue, Atlanta, GA 30312

Financial Requisition Form

Please provide a detailed description of the services and/or materials in which you are requesting payment for. Please complete this form when requesting funds and return the form at least 10 business days in advance of payment request. Please attach invoice, receipts, order form, vendor quote, etc. for documentation.

Submission Date: _____

Name of Ministry: _____

Requestor's Name: _____ Phone: _____

Budget Line Account Number: _____

Budget Item *Non-Budget Item *(Requires at least 30 days for approval)*

*Non budgeted Items must be approved by the Pastor and WSBC Trustee Board.

Type of Request: Reimbursement Payment Preapproval

Purpose for Funds: _____

Amount of Money Requested: \$ _____

Form of Payment Requested:

Check: Mail Pick up (Name of person picking up check _____)

Church Credit Card last 4 _____ Church Account/Direct Bill

Date Needed: _____

Make Check Payable To: _____

Requestor's Signature: _____

For Office Use:

Approval: _____ Yes _____ No

Explain: _____

Amount Approved: _____ Date _____ Check No. _____

Treasurer _____

Pastor (approval for amounts over \$500) _____