



ALFRED STREET BAPTIST CHURCH

Rev. Dr. Howard-John Wesley
301 South Alfred Street, Alexandria, VA 22314
Church Office: (703) 683-2222/ FAX: (703) 683-1718

Date Received _____

Fund Request Form

Requestor's Name:	Phone:
Description of Requested Item(s) or Service:	

Amount \$ _____

(Choose Payment Method Below)

- Check
 Credit Card
 Church Account
 Reimbursement
 Online Payment

Attach: original invoice, order form, or vendor quote. * Do not send copies. Incomplete request will delay processing

MINISTRY LEADERS: YOU MUST PRINT THIS FORM AND SUBMIT AS HARD COPY TO MINISTRY PROGRAM MANAGER, APRIL HICKS, WHO WILL SUBMIT TO THE ACCOUNTING DEPARTMENT.

NOTE: ALL REIMBURSEMENTS MUST INCLUDE ORIGINAL RECEIPTS

FUND REQUESTS WILL BE PROCESSED WITHIN 15 DAYS OF RECEIPTS BY ACCOUNTING

PURPOSE OR ACTIVITY: _____

Date Required _____

Budget Line Item or Name _____

MINISTRY CHAIR OR DEACON APPROVAL _____

MINISTRY PROGRAM MANAGER APPROVAL _____

If check required:

Pay to: _____

Address: _____

Phone: _____

**** If more than one payee, please attach additional information

FOR OFFICE USE:

Approved Budget \$ _____	YTD Budget Available Funds \$ _____
Approval by _____	Date _____
Approval by _____	Date _____
Notes: _____	