Alfred Street Baptist Church
Since 1803

FUND REQUEST FORM

PURPOSE

☐ PRE-APPROVAL
☐ PAYMENT TO VENDOR
☐ REIMBURSEMENT

Submission Date _____

REQUESTOR'S NAME: _____

PHONE: _____ **EMAIL:** _____

DESCRIPTION OF REQUEST (Event and Reason for Purchase/Payment)

_____

_____

Amount $ _____ (Choose Payment Method) ☐ Credit Card ☐ Church Account ☐ Online Payment

Check: Mail ☐ or Pick-up ☐ Name of person picking up check _____

VENDOR/PAYEE INFORMATION

Pay to: _____ Email Address:

Address: _____

Phone: _____ Website for Online Payment: _____

Login Detail- Username: _____ Password: _____ Cart#: _____

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

Date Required: (Do not fill with ASAP) _____

Budget: _____ _____
Ministry Program Name Expense

SIGNATURE APPROVALS FOR REQUEST REQUIRED

*** Ministry Treasurer's Initials:** _____ Date: _____

*** Minister/Deacon Print Name:** _____

* Signature _____ Date: _____

* Worship Experience and Ministry - Signature: _____ Date: _____

*** Attach: Original Invoice, Order Form, or Vendor Quote. Do Not Send Copies. An Incomplete Request Will Delay Processing.**

Fund Requests Will be Processed within 15 BUSINESS days of receipt by Finance

FOR OFFICE USE:

Budget Approval: _____ Purchase Order Number: _____ _____

Budget Account: $_____ YTD Budget Available Funds: $ _____

Pastor/Staff Director/ Manager: _____

Approval by Controller : _____ Date: _____

Approval by CFO/Finance Director: _____ Date: _____

Approval by Church Administrator/COO: _____ Date: _____

Notes: _____

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