

NEW HOPE BAPTIST CHURCH OF EAST ORANGE

144 Norman Street * East Orange NJ 07017

DISBURSEMENT REQUISITION FORM

(Please PRINT all requested information)

Today's Date: _____

DATE PAYMENT IS NEEDED BY:	
----------------------------	--

Make Payable to: NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE:	Enter a description & attach an invoice/receipt/contract	AMOUNT:

Has this expenditure been budgeted: YES ____ NO ____	YOUR NAME:
MINISTRY:	Contact Phone #:

FINANCE COMMITTEE INFORMATION ON REVERSE SIDE

To be COMPLETED by the
FINANCE COMMITTEE

APPROVED: _____

DENIED: _____

Signatures:

Date:

Ministry Chairperson:		
Finance Committee:		
Finance Committee:		
Finance Committee:		

To be COMPLETED by the
Financial Assistant

ASSIGNMENT:	INITIALS:	DATE:
Invoice checked for accuracy:		
Invoice/Receipt/Contract attached:		
Packing Slip/Receipt signed:		
Chargeable Account:		

COMMENTS:
