

Pittsboro Baptist Church

Payment/Reimbursement Request

Date: _____

Please make check payable to: _____

Phone: _____

Please mail check to: _____

Address: _____

City: _____ State: _____ Zip: _____

Purpose of Check	Amount	Budget Account Number

Receipt attached: YES NO

Requested by: _____ Phone: _____

Approved by: _____ Phone: _____

Date Check Sent: _____