

**South Main Baptist Church  
Bill Payment Transmittal**

Date Submitted: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Pay to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount: \_\_\_\_\_

Description of  
Expense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GL Account Code \_\_\_\_\_ Amount \_\_\_\_\_

GL Account Code \_\_\_\_\_ Amount \_\_\_\_\_

GL Account Code \_\_\_\_\_ Amount \_\_\_\_\_

GL Account Code \_\_\_\_\_ Amount \_\_\_\_\_

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GL Account Code \_\_\_\_\_ Amount \_\_\_\_\_

GL Account Code \_\_\_\_\_ Amount \_\_\_\_\_

GL Account Code \_\_\_\_\_ Amount \_\_\_\_\_

Signature for Approval: \_\_\_\_\_

\_\_\_\_\_