

Rehoboth Baptist Church

621 Alabama Avenue, S.E.

Washington, DC 20032

DISBURSEMENT REQUEST FORM

Requester's Name: _____

Payee's Name: _____

Please Check One

Advancement of Funds
(Payment Settlement Required)

Reimbursement of Funds
(Receipt Attached)

Advancement of Funds
(No Settlement Required)

Request Payment of Funds
(Invoice Attached)

Amount of Request \$ _____

Line Item Account (i.e. E10000):

E					
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Reason for Request: _____

Requester's Signature: _____

Date: _____

Approved

Disapproved

Reason for Request: _____

Authorized Signature of Chairman (Board of Trustee) or Designee

Date