Greater Mount Carmel Baptist Church of Scotlandville

1414 Sora Street · Baton Rouge, LA · 70807

REQUEST FOR FUNDS OR REIMBURSEMENT

Receipts/Invoices must be attached.

NAME	DATE OF CLAIM
	MINISTRY DEPARTMENT

Expense Summary

Expense Date:	Paid To:	Amount:
TOTAL		

EXPLANATION/REASON FOR FUNDS REQUESTED: _____

_____

Make check payable to: _____

Certification of Payee

I certify that this expense account is just and true in all respects; that the expenses charged were incurred on official business of the church and none of the expenses have been paid in advance by the Church; and the full amount is justly due.

SIGNED BY PAYEE: **PRINT NAME** **DATE**

_____

Certification of Head of Ministry

I certify that this expense account is just and true in all respects; that the expenses charged were incurred on official business of the church and none of the expenses have been paid in advance by the Church; and the full amount is justly due.

SIGNED BY: **PRINT NAME** **DATE**

_____

Certification of Trustee Ministry

I certify that the charges set forth on this request have been examined by me; that the services for which the charges are made were necessary and proper; and that in my opinion, the amounts claimed are just and reasonable.

SIGNED BY: **PRINT NAME** **DATE**

_____

Certification of Financial Secretary

I certify that the charges set forth on this request have been examined by me; that the services for which the charges are made were necessary and proper.

SIGNED BY: **PRINT NAME** **DATE**

_____

Check Number	Name	Amount

SIGNED BY: **PRINT NAME** **DATE**

_____

Revised 01/21/2020sdt