

ZION MISSIONARY BAPTIST CHURCH

REQUISITION FORM

FUNDING REQUESTS ARE SUBMITTED USING THIS FORM.

REQUESTS ARE PROCESSED EACH WEEK AND MUST BE SUBMITTED TO THE BUSINESS OFFICE BY **TUESDAY**

VENDOR OR PAYEE NAME:		
PAYEE STREET ADDRESS:		
CITY:	STATE:	ZIP:

Quantity	Description or Purpose	Cost	Account Code
Subtotal		\$	
Tax		\$	
Total		\$	

NOTES / COMMENTS:	Requisitioned By:
	Phone Number:
	Date Requested:
	Date Needed:

MINISTRY CODE: (check one)

<input type="checkbox"/> 50 Pastor	<input type="checkbox"/> 57 Education	<input type="checkbox"/> 5D Recreation	<input type="checkbox"/> 5R Retreats
<input type="checkbox"/> 52 Deacons	<input type="checkbox"/> 58 Service	<input type="checkbox"/> 5E Operations	<input type="checkbox"/> 5S New Building
<input type="checkbox"/> 53 Mothers	<input type="checkbox"/> 59 Music	<input type="checkbox"/> 5F Business Administrator	<input type="checkbox"/> Capital Expense
<input type="checkbox"/> 54 Finance	<input type="checkbox"/> 5A Youth	<input type="checkbox"/> 5G Non-Budget Fund	<input type="checkbox"/> Crossing Jordan
<input type="checkbox"/> 55 Trustees	<input type="checkbox"/> 5B Men	<input type="checkbox"/> 5H Deaconess	<input type="checkbox"/> Other
<input type="checkbox"/> 56 Missions	<input type="checkbox"/> 5C Women	<input type="checkbox"/> 5P Payroll	

Is Item Budgeted in Ministerial Plan? <input type="checkbox"/> Yes, Please Sign <input type="checkbox"/> No, Complete amendment proposal	Signature of Approving Director <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Check One: <input type="checkbox"/> Mail to Payee <input type="checkbox"/> Director's Box
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COMPLETED BY TREASURER					
Check Number	Check Date	Amount of Invoice	Invoice Number	Initials	Entered By