

**New Mt. Zion Baptist Church**

**1789 Amelia Street, Post Office Box 651**

**Orangeburg, SC 29115**

**Request for Funds/Purchase Order**

Date \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

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

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

Amount of Request: \$ \_\_\_\_\_ Check needed by \_\_\_\_\_

Expense for: Reimbursed                      Advanced                      Services Provided

Funds to be used for : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved By:

\_\_\_\_\_  
Chairperson of Ministry

\_\_\_\_\_  
Chair, Board of Trustees

\_\_\_\_\_  
Financial Secretary

Administration Only

Check Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

Treasurer's Signature \_\_\_\_\_

***Note: Please attach all receipts for reimbursement. All advances are to be reconciled immediately following the purchase.***