



# BETHEL C.M.E. CHURCH

## FINANCIAL FORM

### Check / Cash Request Form

Advance     
  Benevolence     
  Reimbursement     
  Other

Amount: \$ _____	Purpose: _____	*Budgeted? (check one) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Payee: _____	Charge to: _____		
Address _____	Charge to: _____		
City, State, Zip _____ _____	Charge to: _____ _____		
Requestor _____	Steward Approval _____	<input type="checkbox"/> Check #: <input type="checkbox"/> Cash	<b>Date:</b> _____



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