

GALILEE BAPTIST CHURCH AUXILIARY FUNDS REQUEST/DEPOSIT

(EMAIL TO THE FINANCE DEPARTMENT AT: finance@galileenow.tv)

DATE: _____ 20_____

TYPE OF ACTION:	<input type="checkbox"/> REIMBURSEMENT (Attach Receipts)	<input type="checkbox"/> ADVANCE (Submit Receipts)	<input type="checkbox"/> DEPOSIT *
	<input type="checkbox"/> VENDOR CHECK/CHARGE REQUEST		<input type="checkbox"/> TRANSFER

MINISTRY/AUXILIARY (REQUIRED): _____

NAME AND TITLE _____

EMAIL ADDRESS _____

PHONE NUMBER(S): (H) _____ (W) _____

CURRENT BUDGET / MINISTRY BALANCE: \$ _____

AMOUNT OF REQUEST/DEPOSIT -/+ \$ _____

REMAINING BALANCE: \$ _____

REQUESTOR'S SIGNATURE: _____

MINISTRY LEADER SIGNATURE (REQUIRED): _____

PURPOSE/REASON (REQUIRED):- _____

NOTE: IF REQUESTING A CHECK, MAKE PAYABLE TO: _____

(Print Legibility)

☐ MAIL ☐ HOLD FOR PICK UP

FOR OFFICE USE ONLY

AUTHORIZED/RECEIVED BY: _____

TITLE: _____

DATE: _____

AMOUNT APPROVED/RECEIVED: \$ _____

☐ CHECK ISSUED ☐ CASH DISBURSED ☐ RECEIPTS RECEIVED
(CHECK NO: _____)

* DEPOSITS: PLEASE LIST ALL CHECKS AND CASH BEING DEPOSITED ON THE ITEMIZATION FORM.

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PLEASE COMPLETE AND EMAIL TO: finance@galileenow.tv