



# ALFRED STREET BAPTIST CHURCH

Rev. Dr. Howard-John Wesley  
301 South Alfred Street, Alexandria, VA 22314  
Church Office: (703) 683-2222/ FAX: (703) 683-1718

Date Received \_\_\_\_\_

## Fund Request Form

Requestor's Name:	Phone:
Description of Requested Item(s) or Service:	

Amount \$ \_\_\_\_\_

(Choose Payment Method Below)

- check     
  credit account     
  church account     
  reimbursement

Attach: invoice, order form or contract \* Incomplete request will delay processing

**NOTE:**

**REIMBURSEMENTS MUST INCLUDE ORIGINAL RECEIPTS**  
**FUND REQUESTS WILL BE PROCESSED WITHIN 15 DAYS WITH RECEIPTS**

Purpose or activity: \_\_\_\_\_

Date Required \_\_\_\_\_

Budget Line Item or Name \_\_\_\_\_ Approved Budget \$ \_\_\_\_\_

Ministry Chair or Deacon Approval \_\_\_\_\_

**If check required:**

Pay to: \_\_\_\_\_

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

Phone: \_\_\_\_\_

\*\*\*\* If more then one payee, please attach additional information

**FOR OFFICE USE:**

Approval by \_\_\_\_\_ Date \_\_\_\_\_

Approval by \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YTD Budget  
Available Funds \$ \_\_\_\_\_