



SEVENTH-DAY
ADVENTIST CHURCH

Conyers

3001 Old Salem Road

Conyers, Ga 30013

770-483-0764

office@conyerschurch.org

FINANCE REQUISITION FORM

1. REQUESTOR'S INFORMATION

Ministry _____

Name _____

Date _____

Amount _____

Purpose _____

Comment _____

2. ADDITIONAL CONTRIBUTIONS

Cash/Check/On-line _____

Other (Specify) _____

Total Contribution _____

3. AVAILABLE FUNDS

a) Budgeted Amount _____

b) Additional Contributions _____

c) Total Funds (a+ b) _____

d) Funds Used to Date _____

e) Amount Available (c- d) _____

4. CURRENT APPROVAL INFORMATION

Board Approved YES NO

Amount Approved _____

Date Approved _____

Comments _____

5. SUMMARY

Amount Available _____

Amount Approved _____

Current Balance _____

6. PAYMENT INFORMATION

Check# _____

Received By _____ Date _____

Treasurer _____ Date _____

7. NOTES

Required documents for filing:

- Copy of check
- Receipts
- Requisition form
- Additional contributions
- All other relevant documentations