



Shiloh Missionary Baptist Church

Request for Payment/Reimbursement

Pay to: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____
 Requestor: _____
 Ministry Name: _____
 Date submitted: _____

| For Office Use Only | |
|------------------------|---|
| Date Paid | |
| Cash Amount | |
| Check Amount | |
| Check Number | |
| Paid By | |
| Documentation Attached | |
| Funds will come from: | Shiloh MBC: <input type="checkbox"/> Shiloh Ministries: <input type="checkbox"/> |

Handle payment by: Mail Give to Requestor
 Give to Payee

| | Item Description | Amount | Budgeted | |
|---------------|------------------|--------|----------|----|
| | | | Yes | No |
| 1 | | | Yes | No |
| 2 | | | Yes | No |
| 3 | | | Yes | No |
| 4 | | | Yes | No |
| Total Payment | | | | |

Additional Details _____

| Signatures | Print Name | Date Signed |
|---------------------|----------------------------|-------------|
| Requestor: | | |
| Ministry President: | | |
| Finance: | Sis. Deadra "Dede" Edwards | |
| Pastor: | Rev. Edward "Bebe" Hobson | |

Instructions: Please fill out this form completely and return it to the Administrative Office. An incomplete form may result in a delay of your requested payment. Attach receipts and/or any other documentation to support your request. All expenses must be approved by the appropriate ministry president before being processed. Please allow 2 weeks for processing of payments.