

**UNION BRANCH BAPTIST CHURCH**  
*Prince George, Virginia*

**Disbursement Requisition  
(Check Request)**

Date when payment is needed: \_\_\_\_\_

\*(Disbursement requisition must be submitted one (1) week before check is needed)

Purpose of Disbursement:

1) If for a budget item: Account # \_\_\_\_\_ Account Name \_\_\_\_\_

2) Other (Explain) \_\_\_\_\_

Make payments to: \_\_\_\_\_  
(Give address where necessary)

Mail Check ( )  
Pick up Check ( )

Date	Enter description if invoice or other support is not attached or otherwise available. For travel, enter purpose and mileage.	Amount
TOTAL		\$

**Signature of President or Director:**

**Signature of person requesting travel reimbursement:**

Approved: _____ Chairperson, Finance Board or Finance Designee	<b>(THIS SPACE TO BE COMPLETED BY TREASURER)</b> Invoice checked for accuracy and price ( )
Approved: _____ Chairperson, Trustee Board or Trustee Designee	Goods or services received:
Approved: _____ Church Treasurer	Date Paid: _____ Check#:
Reviewed by Budget Committee:	Yearly Budgeted Amount: _____ Budget Account Balance: