



SBMC CHECK/CREDIT CARD REQUEST & RECEIPT TRACKING FORM

DATE: _____

TO: SBMC FINANCE DEPARTMENT

Please Select From The Following List (Anuai List teng pan teal tu).

Check Reimbursement Request

Credit Card Payment Receipt

Debit Card Payment Receipt

Cash Payment Receipt

Account Transfer

AMOUNT: \$ _____

DEPARTMENT | MINISTRY CATEGORY:

Building Expenses

Membership Due

Church Activities

Men Ministry

Church Administration

Minister Expenses

Church Mission

Missellaneous

Church School Ministry

Music Ministry

Cleaning

Transportation

Emergency Fund

Women Ministry

Love Gift

Youth Ministry

Media Ministry

PURPOSE | KOISUNG, BANG ATU ZANGH (Please Attach Receipt | Receipt Attach tu):

REQUESTED BY: _____

SIGNATURE: _____

APPROVED BY: _____

SIGNATURE: _____

SBMC Finance Team Use Only:

(If Check Issued, Check Number,
Transaction ID, Refferance ID)

Issued/Transaction Date: _____

Updated/Recorded on SBMC Monthly Expense Tracking

Updated Date: _____

SBMC Auditor Team Use Only:

Audit
Completed

Date of Audit: _____

Audited By: _____