



CORNERSTONE
Missionary Baptist General Association, Inc.

Expense/Reimbursement Form

Who Is Making This Request?

On Behalf Of What Department/Auxiliary Is This Request Being Made?

Who Is The Department Officer Who Approved This Request?

What Is Today's Date?

How Much Money Are You Requesting?

Is This A Reimbursement _____ Or A Direct Payment _____?

What Is The Name Of The Person Being Reimbursed?

Or, What Is The Name Of Payee Receiving The Direct Payment?

By What Date Do You Need This Request?

Provide A Detailed Description Of The Purpose Of The Payment (attach receipts/invoices where appropriate):

If this request is already approved in a budget, state whose budget, description, the line item, etc.:

TO BE COMPLETED BY THE ISSUING OFFICER:

Your Name:

Date Paid:

Check Number:

Payment Amount If Difference From Request: