



Benevolence Disbursement Requisition

Make Check Payable to: _____

Address: _____

Tax ID#/Social Security: _____

Date Submitted: _____

Submitted by: _____

Deacon Name: _____ Account # _____

Amount: \$_____

For: _____

Deacon Approval Signature: _____

Finance Department Approval _____

Check # _____

Date Paid _____

Received By _____

***Any and all disbursements are subject to department head and finance approval. All expenditures over \$25.00 must be pre-approved.**

****A W-9 may be required or subject to taxes withheld.**

*****INCOMPLETE FORMS WILL NOT BE PROCESSED.
ALL PAYMENTS WILL BE MAILED UNLESS PRIOR APPROVAL
IS GIVEN.**