

Athens Church of Christ
Requisition for Disbursement of Funds

Ministry Name: _____ Ministry #: _____ Date Submitted: _____

Requisition for (describe item needed)

Make Payable to: _____

Mailing Address (unless already on file)

Amount Requested: _____ Beginning Balance: _____ Ending Balance: _____

Requested by (print name): _____ Authorized by (print name): _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Please attach all invoices or paid receipts.