



# Finance Requisition Form

## Wake Missionary Baptist Association

P. O. Box 25847  
Raleigh, North Carolina 27611-5847

\_\_\_\_\_

Date Submitted Date Needed

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact eMail: \_\_\_\_\_

Auxiliary / Committee Name & Line Item: \_\_\_\_\_

Purpose of this submittal/request: (include the date and name of the event)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Signed: \_\_\_\_\_  
Auxiliary President / Committee Chair

Check Payable to: \_\_\_\_\_

Address for Mailing Payment \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Signatures Required for Approval:**

_____	Date _____
Financial Secretary	
_____	Date _____
Moderator	

**To be completed by the WMBA Treasurer**

Check one: Payment \_\_\_\_\_ Refund \_\_\_\_\_

Check Number \_\_\_\_\_ Amount \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

WMBA Treasurer

**(Attach all invoices and receipts – Staple top Left)**

