



REQUEST FOR MINISTRY GROUP EXPENDITURE

Date Requested:

Date Needed:

MINISTRY GROUP:	
Dollar Amount Requested: _____	Budget Line Item/Code: _____ - _____ -02
Make Check Payable To: _____	
Address: _____	
MG Convener Signature: _____	
MG Chair Signature: _____	
Describe purpose or intended use of expenditure	

Itemized Expenditures for Reimbursement Only <i>(optional)</i>		
Date	Item Description	Amount
Total		

Handling Instructions *(Check One)*

Mail Check

Hold Check in Office

Return Check to Requester

Presbytery of Baltimore | 5400 Loch Raven Blvd. Baltimore MD 21239

p. [410.433.3012] | f. [410.433.2066] | office@baltimorepresbtery.org

(Revised: 11/21)