



**Ministry Check Request
Reconciliation Form**

First Baptist Church of District Heights

Ministry Name:		Check Payable To:	
Date of Event:		Check #:	
Check Date:		Check Amount:	
RECORD OF RECEIPTS & EXPENSE AMOUNTS			
DATE	VENDOR/MERCHANT	AMOUNT SPENT	
		\$	
TOTAL EXPENSE AMOUNT			\$
BALANCE AMOUNT RETURNED			\$
AMOUNT TO BE RETURNED (if applicable)			\$

*** ATTACH RECEIPTS TO FORM ***	
Submitted By:	Date Submitted:
<p><i>For monies returned, please submit cash or a check payable to FBCDH, in an envelope with the Ministry name and amount attached to this summary form.</i></p> <p align="center"><i>For a refund, submit a check request with this form.</i></p>	