

# Wake Missionary Baptist Association

P.O. Box 25847  
Raleigh, NC 27611-5847

## Requisition Form

\_\_\_\_\_ **Date Requested**

**Name** \_\_\_\_\_

**Auxiliary / Committee / Line Item** \_\_\_\_\_

**Purpose** \_\_\_\_\_

**Amount Requested:**                      \$ \_\_\_\_\_

Signed \_\_\_\_\_

Auxiliary President / Committee Chair

### Signatures Required for Approval:

\_\_\_\_\_ **Financial Secretary**                      **Date** \_\_\_\_\_

\_\_\_\_\_ **Moderator**                                      **Date** \_\_\_\_\_

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

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

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

### 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)**