

Watts Chapel Missionary Baptist Church ADVANCE RECONCILIATION FORM

STEWARDSHIP MINISTRY USE ONLY

Check Date: _____

Ministry Name: _____

Check Number: _____ Advance Number: _____

Check Paid to: _____

Activity/Event: _____

Advance Closed

Advance Still Open

Receipts Attached

Church Refunded

Requester Reimbursed

Account Number _____

Account Name _____

YTD Expenses \$ _____

Annual Budget \$ _____

	AMOUNT
A. Advance Total	
B. Total Receipted Expenditures (receipts attached)	
C. Balance Advance minus Expenses (A-B)	
D. Refund to Church Advance greater than expenses (C>0)	
E. Reimbursement to Requester Expenses greater than Advance (C<0)	

Check #	Disposition Date
Amount	Processed by
Disposition of Check:	
<input type="checkbox"/> Church Office	<input type="checkbox"/> Ministry Mailbox
<input type="checkbox"/> Stewardship Mailbox	<input type="checkbox"/> U. S. Mail

Explanation/Justification/Comments:

Signature of Requester

Date

Signature/Approval-Ministry Leader

Date

Signature/Approval-Pastor or Chairman of Deacons

Date

Stewardship Ministry use only: