

PLEASE STAPLE ALL CHARGE RECEIPTS HERE. X
or EMAIL COMPLETED FORM AND COPIES OF
RECEIPTS TO FINANCE@FIRSTBAPTISTSHALLOTTE.COM

PLEASE COMPLETE THIS FORM & RETURN WITH CREDIT CARD.

FIRST BAPTIST CHURCH OF SHALLOTTE

Credit Card or Account Charges

Date: _____

Credit Card # Used: _____ (last four digits only)

Charged Amount: _____

Person using Credit Card: _____

Department/Committee Member's signature approving this charge: _____
(Signature must be legible)

Name of Committee charges were made for: _____

Please list the line items these charges are to be applied to: *Examples: Supplies, Literature, Activities*

<u>Line Items</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Explanation/Additional Information:
