Maple Springs Baptist Church
4131 Belt Road
Capitol Heights, MD 20743

ACCOUNT BALANCES REQUEST FORM

TO: **FINANCE MINISTRY**

FROM: _____
(*Ministry Leader*)

MINISTRY: _____

DATE: _____

REQUEST BALANCES FOR THE FOLLOWING:

Ministry or Specific Budget Codes	*Retreats and Special Activities*

◆◆◆◆◆◆◆◆◆◆◆◆ **TO BE COMPLETED BY FINANCE MINISTRY ONLY** ◆◆◆◆◆◆◆◆◆◆◆◆

FINANCE MINISTRY APPROVAL:

COMPLETED BY: _____ **DATE SIGNED**: _____

RETURNED TO MINISTRY ON: _____
(*Copy Placed in Ministry Leader Mailbox*)

Revised 11.2013