



St. James Baptist Church



Reverend Kevin L. Sykes, B.A., M.Div, Senior Pastor
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RECEIPT FORM

Date _____

Received from _____

Account Name _____ Acct. No. _____

Amount To Be Credited _____
(Attach Original Receipts – if required)

_____ Written Dollar Amount

New Restricted Account Established Yes

Account Name To Be Established _____

Original Amount of Check Received _____

Amount Spent Over Budgeted Funds _____

Refund Due Yes Amount _____

Comments/Other Information: _____

Received by: _____
(Trustee Member or Treasurer)

Please read the following information:

- No receipts – requests for additional checks **will not** be process or issued.
- All purchases made and submitted for reimbursement should be accompanied with all receipts. All receipts should be submitted to the Church Office within **two (2) weeks**.
- **All receipts for funds secured for Special Events should be submitted within the two (2) weeks following event.**