

**FIRST UNITED METHODIST CHURCH
CHECK REQUEST**

Vendor #: _____

Make check payable to: _____

Street Address or P. O. Box: _____

City: _____ State: _____ Zip Code: _____

Payment/Reimbursement Description:	Account #:	Amt:
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Mail check directly to above address. Check needed by: _____ (Date)

_____ Mail check to the following: _____

_____ Do NOT mail check, but return to: _____

Will there be fees/donations to offset this expense? YES NO (Circle One)

If yes, what account number should be credited? _____

Requested by: _____ Date Requested: _____

Approved by: _____ Date Approved: _____

netshare/administrativehandbook/checkrequest.pdf

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