

# ST. JOHN'S UNITED METHODIST CHURCH

## CHECK REQUEST

Not Valid without Receipt or Documentation attached

TODAY'S DATE: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

SUPPLIER / VENDOR \_\_\_\_\_

- MAKE CHECK PAYABLE TO:**
- Requestor
  - Supplier
  - Pay Bill When Received

- FORWARD CHECK TO:**
- In-House Mail Box \_\_\_\_\_
  - Address on File
  - Address BELOW
  - Check will be Picked Up

Purchased Item Description	Amount	Account #	Account Description	P.O. if Applicable
<b>TOTAL</b>	<b>\$ -</b>			

**STAFF OK:** \_\_\_\_\_

**Authorized By:** \_\_\_\_\_  
*(Needed if Not Ok by Staff OR over \$250 limit)*

DATE PAID \_\_\_\_\_

CHECK # \_\_\_\_\_

Amount PAID \$ \_\_\_\_\_

Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address if Not on File:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_