



ASBURY UMC Trust Check Request

NOTE: Requested by & Signature may NOT be the same person.

Today's Date _____ Amount of Check \$ _____

Requested by: _____ Committee Chair Signature _____

Vendor Name/Payable to: _____

Vendor Address: _____ (required)

Vendor City/state/Zip _____

OR
o Give to: _____

Purchase Date	Vendor Name	Description	Budget area/Acct.# to expense:	Amount

Please attach all receipts, W-9 Form or relevant paperwork with check request.

Please do *not* return without Committee Chairs signature. No verbal authorizations.

Please allow 14 days from the date of request for reimbursement/payment. Turn into Church office upon completion.



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