



# ASBURY UMC 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*  
 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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