

Christ United Methodist Church

Check Request

Today's Date:	_____	Requested by:	_____
		Approved by:	_____
Amount of Check:	\$ _____		
Date Needed:	_____		
Name of Payee:	_____		
Address:	_____		

Delivery	_____		
Instructions:	_____		

Details of Expenses (ATTACH ALL RECEIPTS)

Unbudgeted items must be pre-approved

Church Budget/Fund Accounts to be charged: General Fund Expense Budget or Designated Fund?

Church Acct Number:	_____	Church Acct Name:	_____
Amount:	\$ _____	Purpose:	_____
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