

KINGSWOOD UNITED METHODIST CHURCH CHECK REQUEST

This form must be completed for all expenditure requests and must be accompanied by receipts and/or invoices. **PLEASE STAPLE THESE ON BACK.**

Pay To: _____ Date: _____
 Address: _____ Date Needed: _____
 _____ Amount: _____

Description of Items/Services	Account #/Name	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested by: _____ Work Area: _____

Receipts Attached
 Invoice Attached
 Other _____

Approved by: _____
 Work Area Chairperson

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