

Bethany United Methodist Church

Request for Check or Payment

Place the completed form, along with *supporting documentation, in the
TREASURER/ACCOUNTANT'S mailbox. Thank you! (if needed)

Requestor Information:

Date: _____

Name: _____

Phone: _____ (In case questions arise regarding this request)

Check Request:

Payable To: _____

Amount: _____

Need By: _____ (Min.8-hour notice required for check pick-up)

Charge To: _____ (Line Number or Designated Fund)

NOTE: Requestor is required to provide a receipt or invoice marked "paid" within seven (7) days from check pick-up date.

Charge Request:

Date Ordered: _____

Amount: _____

Ordered From: _____

Charge To: _____ (Line Number or Designated Fund)

NOTES:

(1) A copy of the receipt or signed invoice verifying all items received will be submitted in ____ days.

(2) Person ordering is responsible for noting any discrepancies regarding items received.