



Seeking
Unity through our
Ministry with
Christ

Sharon United Methodist Church
275 Poplar Branch Road
PO Box 182, Poplar Branch, NC 27965
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CHECK REQUEST FORM

Person Making Request: _____ Date: _____

Payable To: _____

Address: _____

_____ CITY _____ STATE _____ ZIP CODE

Phone Number: _____

Please attach all receipts, invoices, purchase requisitions, purchase orders, prior approvals, etc.

Date of Purchase	Description (Give Complete Specifications)	Budget Category	Amount
TOTAL AMOUNT:			

APPROVAL FOR PAYMENT

PLEASE RETURN COMPLETED FORM TO THE FINANCE CHAIR

I hereby certify that the above goods, services or expenses have been received, rendered or incurred to my satisfaction. All appropriate receipts, invoices, purchase requisitions, purchase orders, prior approvals, etc. are attached. A written voucher must accompany all requests before a check will be written. Vouchers must be submitted within sixty (60) days of expense.

Team Chairperson or Authorized Signature	Print Name	Title	Date
Finance Chairperson or Authorized Signature	Print Name	Title	Date
Treasurer's Signature	Print Name	Check Number	Date Paid