

First United Methodist Church of Atlanta

Check/Payment Requisition Form

Date of request: _____

Name of person making request: _____

Reason for request: _____

Payable to (either individual/vendor): _____

Amount: _____

Date(s) payment due: _____

Account(s)/Dept(s) to be charged: _____

Signature of person making request

Date Signed

Signature of committee/team chair who has oversight
of the ministry area in which this expense falls

Date Signed

Signature of finance chair for all non-budget requests
and for all budget requests over \$200

Date Signed

ATTACH RECEIPTS/INVOICES AND ALL OTHER DOCUMENTATION-If invoices are not in yet, please put the name of vendor on payable line above.

Note

All requisitions for a personal service to be performed by an individual MUST have the person's name, full address, telephone number, and social security number UNLESS, you are certain that the individual's information has been registered with the church in the past year and that the information is current. FUMC Atlanta cannot issue checks written to individuals for performance of a personal service without this information.

Additional Information or Instructions

Please include any special instructions for handling.

In the absence of instructions, the check will be mailed to the individual making the request.

(Completed and signed vouchers go in the box of FUMC's Finance Secretary, Michelle Caver.)

OFFICE USE ONLY: Date Paid: _____ Ck #: _____ Amount: _____