

Date Paid _____ Amount _____ Check No. _____

CLOVIS MEMORIAL UNITED METHODIST CHURCH

DATE: _____

Request for payment to be made to:

Line No.	Line Item To Charge	Description of Purchase	Amount	Post

Requested by(*) : _____

TOTAL _____

Approved by (**) _____
(Chairperson/Staff person)

Distribute check as follows:

Please leave _____

Please mail to Payee _____

** Bills, invoices, receipts etc., must all be attached.*

*** Chairperson must approve all requests.*

Remarks:

Order

This is for reimbursement

Advance payment

Donation

Special Comments: