

MATTHEWS UNITED METHODIST CHURCH

CHECK REQUEST VOUCHER

Checks are prepared weekly on Mondays and available on Tuesdays

Date of Check Request: _____ Date Check Needed by: _____

Check Payable To: _____

Mailing Address: _____

Total Amount of Check: \$ _____ Mail check to above address: ___ Yes ___ No

If no, who should signed check be given or delivered to?

Any Special Instructions: _____

Description/Purpose of check (Provide complete details; attach minutes approving disbursement if request is being made by a church ministry team. A Check Request is not necessary when submitting an actual invoice).

Account Distribution:

General Ledger Account No.

Project Number (for Global Impact)

Amount

Signature of Person Making Request _____

Approval of Ministry Head _____

Approval of Management Team Member _____

PLEASE ATTACH ANY RECEIPTS OR BACKUP DOCUMENTATION TO THIS REQUEST.