SAINTMATTHEWS UNITED METHODIST CHURCH
600 East Florida Street
Greensboro, NC 27406

REQUEST FOR CHECKS

REQUEST AMOUT REQUESTED $_____

DATE OF REQUEST: _____ DATE NEEDED: _____

MAKE CHECK PAYABLE TO: _____ ACCOUNT TO CHARGE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COMMITTEE REQUESTING FUNDS: _____

REASON FOR REQUEST/RECEIPTS: _____

_____

CHECK DELIVERY (MAIL OR PICKUP) _____

REQUESTED BY: _____ APPROVED BY: _____

PRINT NAME: _____ PRINT NAME: _____

TREASURER SIGNATURE: _____

ACCOUNTING USE ONLY

CHARGE ACCOUNT NAME/NUMBER	AMOUNT

CHECK NUMBER: _____ DATE: _____