

First United Methodist Church

618 8th Street
 Columbus, IN 47201
 812-372-2851

FUNDS DISBURSEMENT REQUEST

- Please Attach Receipts / Documentation
- Please leave at Church Office or Fax to (812) 378-2828
- Checks will be available Friday for Requisitions submitted by noon Wednesday

Purpose: Reimbursement of expenses
 Authorization for payment

Requested by: _____ Phone Ext.: _____

Department: _____ Date of Request: _____

Make Check Payable To _____ Church Charge Card Used? Yes No

Name: _____ Mail Check? Yes No

Address: _____

City/State/Zip: _____

Amount: \$

PURPOSE OR EXPLANATION

APPROVALS

Chairperson:	Verbal Request Received by:	Date:
Staff Member:	Verbal Request Received by:	Date:
Finance:		Date:
Treasurer:		Date:

ITEMIZATION

ACCT. NO./ACCT.NAME	NET AMOUNT	DATE BILLED/CHARGED

FOR ACCOUNTING USE ONLY

ENTRY DATE	SOURCE	ACCT. NO.	CHECK NO.