

**Sharon United Methodist Church
Check Request Form**

Payee: _____

Mailing Address (If first time vendor): _____

Check total: _____

<u>Budget account to be charged</u>	<u>Account #</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date _____ Signature of person making request _____

Please attach all receipts to request