

REQUISITION FOR ISSUANCE OF CHECK

United Methodist Church

Arkansas Conference

Date: _____

*PLEASE ATTACH
SUPPORTING INVOICES*
(requests for \$25.00 or more require receipts)

| |
|-------------|
| Payable To: |
| Address: |
| |
| |

| |
|-------------------------------------|
| For: (Description, Invoice #, etc.) |
| |

| | ACCOUNT NUMBER | ACCOUNT TITLE | AMOUNT |
|----|----------------|---------------|--------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| | | Total: | |

| |
|---------------------------------|
| <i>Additional Instructions:</i> |
| |

Requested By

Approved By

Finance & Management

Mail Original Copy to:

Office of Finance & Management
P.O. Box 3611
Little Rock, AR 72203-3611