



# Summerfield Peace United Methodist Church, Inc.

## Check Request/Reimbursement Form

### PLEASE MAKE CHECK PAYABLE TO:

(Only one name per form. Please also include contact info in case there are questions about the request.)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### METHOD OF CHECK DELIVERY

- Payee will pick up the check in the office
- Mail to the payee at: \_\_\_\_\_
- Mail to the address on the attached invoice/bill

### DISTRIBUTION

#### Purpose of Purchase / Description

#### Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

*Please use the back of sheet if you need additional space.*

**Grand Total: \$ \_\_\_\_\_**

Committee or Area to be charged: \_\_\_\_\_

Approved by: \_\_\_\_\_ (Committee Chairperson)

By signing this document, I confirm that I understand the following criteria and they have been met:

- **Checks are written and issued by the treasurer each Tuesday.** Any forms turned in by end of day Monday, will be processed the next day. Forms received after that will be issued the following Tuesday.
- All receipts/invoices applicable to this request have been attached.
- Approval has been granted for the requested funds.
- The information I provided above is accurate and the necessary fields have been filled out as completely as possible to ensure accurate and timely distribution of funds.

Signature: \_\_\_\_\_

**Form could not be processed for the reason stated below.  
Please furnish the information requested and resubmit:**

- Incomplete Information
- No Receipt(s) Attached
- Other:

OFFICE USE ONLY	
Date Received: _____	Date Returned: _____
Date Resubmitted: _____	
Check #: _____	Date of Check: _____
Sales Tax Amount: _____	