

 Monte Sano United Methodist Church

Check Request

(Please complete on request per check)

Requestor's Name: _____ Date of Request: _____

Committee/Team: _____

Make check payable to: _____

Address: _____

City: _____, State: _____ Zip: _____

Amount of Check: \$ _____

Information Remittance Line of Check: _____

Work Area to Charge:

- | | | |
|---|--|---|
| <input type="checkbox"/> Admin – Office | <input type="checkbox"/> Disability Ministries | <input type="checkbox"/> Trustees – Van Expenses |
| <input type="checkbox"/> Admin – Postage | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Worship – Adult Choir |
| <input type="checkbox"/> Admin – Kitchen | <input type="checkbox"/> Family Life | <input type="checkbox"/> Worship – Altar Support |
| <input type="checkbox"/> Admin – Maintenance Supplies | <input type="checkbox"/> Finance – Annual Conference | <input type="checkbox"/> Worship – Youth Choir |
| <input type="checkbox"/> Children's Program | <input type="checkbox"/> Finance – Stewardship | <input type="checkbox"/> Worship – Instrument Expense |
| <input type="checkbox"/> Church & Society | <input type="checkbox"/> Mission Committee | <input type="checkbox"/> Worship – Special Music |
| <input type="checkbox"/> Education – Sunday School | <input type="checkbox"/> Trustees – Capital Expenditures | <input type="checkbox"/> Youth Program |
| <input type="checkbox"/> Education – Miscellaneous | <input type="checkbox"/> Trustees – Maintenance | |

Other notes: _____

Signature: _____ Approval by: _____
Requestor Work Area Chair