

CHECK REQUEST

(Fillable PDF)

****This form must be used, or your request cannot be processed. ****

Date Requested: _____

Date needed: _____

All information below is required.

Ministry Account Number And Name	Description of Request	Amount Requested
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Supporting Invoices or Vendor Estimate must accompany Request. Checks will not be issued on verbal directives. Emails with supporting documentation will be accepted. cperry@hcumc.org

Make Check payable to:

Street Address

City, State, Zip

Mail Check

Place Check in My Box

Requested By: _____

Approved By: _____

Committee Chairperson Signature

*****Checks are cut and signed on Wednesday and available on Thursday. *****