

NBUMC Check Request

Date of Request: _____ Requested By: _____

Payee: _____

Address: _____

Amount of Request: _____

Purpose: _____

Special Handling Instructions: _____

____ Pay from Invoice (delivery receipt attached)

____ Pay from Check Request, invoice to be forwarded upon pick up.

____ Hand Deliver Check to _____ by _____

Approved By: _____

Denied (Reason) _____

For Accounting Use: (Please check area where funds are budgeted)

- _____ Evangelism (500)
- _____ Children's Ministry (701)
- _____ Youth Ministry (705)
- _____ Library (709)
- _____ Staff Professional Expense (752)
- _____ Office Supplies (755)
- _____ Trustee Supplies (782)
- _____ Membership Materials (801)
- _____ Worship Music Supplies (856)
- _____ Adult Worship Expense (859)
- _____ Pastor Entertainment (529)
- _____ Benevolence Expense (507)

- _____ New Ministries (552)
- _____ Children's Music Supplies (702)
- _____ VBS (706)
- _____ Educational Materials (710)
- _____ Postage (754)
- _____ Annual Conference Expense (756)
- _____ Yard Care ()
- _____ Fellowship ()
- _____ Visiting Ministries (858)
- _____ Pastor Mileage (528)
- _____ Pastor Discretionary (505)
- _____ Other

If this payment is for a service to be rendered, please be sure to have a W-9 and an I-9 completed prior to the check being prepared.