



FIRST UNITED METHODIST CHURCH OF SAN BENITO

400 North Sam Houston San Benito, TX 78586 956.399.2187 www.sanbenitofumc.com

Check Request

Date:

Instructions:

Indicate to whom the check is to be written.

List the date and description of item(s) to be reimbursed.

Indicate the amount to be charged.

If there is one receipt and multiple items, list all the items on the form.

Attach all receipts or statements to this page.

No check will be processed without the signature of either the Committee Chair or Pastor.

Pay to the Order of

DATE	DESCRIPTION	ACCOUNT	DOLLAR AMOUNT
NOTES:			

Check Requested By: _____ Date: _____

Pastor or Committee Chair: _____ Date: _____