



Christ United Methodist Church Disbursement Request Form

Please fill out the form and attach all necessary backup (receipts etc.)

DATE: _____

AMOUNT: \$ _____

PAY TO THE ORDER OF: _____

ADDRESS*: _____

Please check one: Mail Check Hold Check for Pickup Place in Staff/Committee Mailbox

Did you pay sales tax? No Yes If yes, do you need a Tax Exempt Form? YES NO

Reason For Disbursement	Amount

<p>For Office Use Only:</p> <p>Account # _____</p> <p>Entered in QB _____ Check Mailed _____</p> <p>Notes:</p>

Requested By: _____



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