

Hollands United Methodist Church

Request for Check/Reimbursement

Date: ____ / ____ / ____

Name of Person Making Request: _____

Deduct Expense from the Budget of: _____
(If more than one account, be sure to include split)

Make Check Payable to: _____

Approval of Committee Chair: _____

Description of Items Purchased: _____

Please include: Subtotal: \$ _____

Sales tax total: \$ _____

Total: \$ _____

Check to be Mailed _____ or Picked Up By _____
(Please indicate how the check is to be handled)

Receipt or Bill Attached: _____
(Staple the bill to the back of this form)

Will Send Receipt as Soon as Available: _____

Other Information: