

United Methodist Church of Murphysboro Request for Purchase/Payment Form

Date: _____

To: Financial Secretary

From: _____

Committee or Ministry Team: _____

You are hereby authorized to purchase or remit payment (circle one) for the following approved expenses:

<u>Date</u>	<u>Item & Item Number</u>	<u>Where to Purchase</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please make the check payable to: _____

Mail check to: Name: _____

Address: _____

City, State, Zip: _____

Signature(s) of Approval: _____

PLEASE ATTACH SUPPORTING DOCUMENTATION:
(RECEIPT, INVOICE, STATEMENT, TIME SHEET)