

Bethany United Methodist Church  
James Island  
1853 Maybank Highway  
Charleston, SC 29412

## Request for Check

Name of Payee: \_\_\_\_\_

Total Amount of Request: \$ \_\_\_\_\_

Copy of Receipt(s) Provided:      Yes       No

Missing Receipt:      Yes       No

### Description & Amount of Expenditure(s):

_____	_____	_____	_____
Line Item	Description	Amount	Approval

_____	_____	_____	_____
Line Item	Description	Amount	Approval

_____	_____	_____	_____
Line Item	Description	Amount	Approval

_____	_____	_____	_____
Line Item	Description	Amount	Approval

Check #: \_\_\_\_\_

Check :      Picked Up:       or Mailed:

Picked Up By: \_\_\_\_\_

**PAYEE:** Please attach applicable receipts.

**PAYER:** Please attach check stub.

Church Treasurer Initials: \_\_\_\_\_

Mail to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_