Memorial United Methodist Church
Check Authorization

Date: _____/_____/_____

Vendor/Payee: _____

Description	Budget Code	Amount
		$
		$
		$
		$
Total Amount		$

Requested By: _____

Submitted___/___/____ _____ Received: ___/___/____ _____

APPROVALS

Finance Admin: _____/___/____

Pastor: _____/___/____

Signer 1: _____ Signer 2: _____

Check #: _____ Issue Date: ____/_____/_____