

# Cedarville United Methodist Church Check Request/Purchase Order Form

This form documents and authorizes payment for items / services.  
Failure to submit this form may result in payment being denied.

**Select Payment Type Requested**

<p><b>Check Request for Reimbursement</b> _____ (This requires the original receipt.)</p>	<p><b>Purchase Order</b> _____ Billed directly to Cedarville United Methodist Church (This requires estimate or copy of contract.)</p>
<p><b>Check Request for Vendor</b> _____ Billed directly to Cedarville United Methodist Church (This requires the invoice or copy of contract.)</p>	<p><b>Recurring Payment</b> _____ Billed directly to Cedarville United Methodist Church (This requires the invoice or copy of contract.)</p>

Your Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Vendor: \_\_\_\_\_

(One check/payment request per form)

Check Payable to: \_\_\_\_\_

Remittance Address: \_\_\_\_\_  
City
State
Zip

Check Amount: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Committee or Expense Category: \_\_\_\_\_

Purpose of Item(s) or Service(s): \_\_\_\_\_  
(Description of item(s) or service(s) purchased. Give as much information as possible.)

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Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Committee Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Internal Use Only

Check #	_____
Date of Check	_____
Check Amount	_____

Revised 03/2018