

# Snellville United Methodist Church

2428 Main Street East  
Snellville, GA 30078



## Check Request Order

PLEASE ALLOW PROPER TIME FOR CHECK PROCESSING

Complete the information requested below and either deliver to the church office or email to Paul Thibodeaux at PThibodeaux@snellvilleumc.org Please attach\scan all receipts. A permission to spend form is required 2 weeks prior to a check request submission for expenses that exceed \$499.00. The appropriate Church Staff Resource personnel must approve each check request.

**Purchased From:**

**Check Payable To:**

\_\_\_\_\_  
Company or Individual

\_\_\_\_\_  
Company or Individual

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

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

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

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone# \_\_\_\_\_

\_\_\_\_\_  
Phone# \_\_\_\_\_

Item#	Items/Service Purchased	Account#	Account Description	Amount
1				
2				
3				
4				
			<b>Check Total</b>	\$0.00

Date Items or Service Needed: \_\_\_\_\_ Date Check Needed: \_\_\_\_\_

Mail Check:  Yes  No

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

Requested by: \_\_\_\_\_

Church Staff Approval \_\_\_\_\_

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

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