

ASBURY UNITED METHODIST CHURCH

Request for Disbursement of Funds

Please issue a check payable to:

(Payee's name)

(Date Due)

Payable in the amount of \$ _____ Mail check: _____ Yes _____ No

Mail Check to:

Remarks:

(Name)

(Street Address)

(City, State, Zip)

Receipt or Invoice Attached _____ Yes _____ No

Budget Information & Authorization

Ministry to be charged: _____

DEPT/ACCT #	AMOUNT	DEPT/ACCT #	AMOUNT
_____/_____	\$ _____	_____/_____	\$ _____
_____/_____	\$ _____	_____/_____	\$ _____
_____/_____	\$ _____	_____/_____	\$ _____
_____/_____	\$ _____	_____/_____	\$ _____

Approved by: _____ Date: _____

Approved by: _____ Date: _____

NOTE: All disbursements must be approved by Ministry Budget Unit Leader or authorized designee.