

**SICKLERVILLE UNITED METHODIST CHURCH
CHECK REQUEST VOUCHER**

Date:

Payable To:
(Company or Individual)

Address:

For the amount of: \$

Purpose/Description:

Ministry/Dept.-Budget Line Code:

Requestor's Signature: _____ Ministry/Department Approval: _____

*** DO NOT put in Treasurer's box unless approved by designated Ministry Head.**

**** All receipts MUST BE attached**