

FIRST UNITED METHODIST CHURCH OF SANTA ROSA

CHECK DISBURSEMENT AUTHORIZATION

ISSUE
CHECK
TO

Name _____ Date _____

Address _____

City, State, Zip Code _____ Amount \$ _____

CHARGE ACCOUNT NO. _____ - _____ NAME OF ACCOUNT _____

PURPOSE _____

REQUESTED BY: _____ APPROVED BY: _____

For Treasurer's use only:

Check # _____ Date Paid _____