

CHECK REQUEST VOUCHER First United Methodist Church, Elkin, NC

Date: _____

Vendor Name and No.: _____

Address: _____

Phone No.: _____

Description:	Account No.:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL AMOUNT		_____

Signatures: _____

You may fill this form out online but it **must be signed prior to turning into the church.**

Place the completed form along with any accompanying invoices/receipts in the green box marked "CRV's" located in the church office.