

LakeSide Fellowship UMC

305 S. Orange Blvd.

Sanford, FL 32771

STAFF/VOLUNTEER CHECK/CREDIT CARD CHARGE REQUEST FORM

DATE: _____ DATE NEEDED: _____

MAKE PAYABLE TO: _____

ADDRESS: _____

AMOUNT OF CHECK: \$ _____ AMOUNT OF CHARGE \$ _____

AMOUNT BUDGETED: \$ _____ AMOUNT UNBUDGETED: _____

BUDGET CATEGORY: _____ BUDGET ACCOUNT # (s) _____

DESCRIPTION: _____

THIS ITEM IS NOT PART OF MY BUDGET. FOLLOWING IS JUSTIFICATION OF EXPENDITURE:

PLEASE RETURN CHECK TO REQUESTOR

PLEASE MAIL WITH ATTACHED

PLEASE MAIL

CHECK/CHARGE REQUESTED BY: _____

FINANCE: _____

OFFICE USE ONLY:

PAID CHECK # _____ DATE: _____

Check/Charge Requests must be submitted to the Church Office 2 Weeks in advance of expenditure with all Required approvals.