8 <b>F</b>	
melewood	
first united methodist church	®
CHECK REQUISITION AUTHORIZATION FOR PAYN	/IENT

Vendor Name:				Date:	
Address:				Vendor Number:	
				Amount Requested:	
Purpose/Description	n:				
Requested by:	Due Date:				
	FC		STRATIO	N USE ONLY	
Distribution of Disbursement Check		] [	Supporting Documents Attached		
Account No.	Debit	Credit	] [	Bids	
			]	Purchase Order	
			]	Receiving Report	

Comments:	Please produce and mail separate checks for each band member/musician. (list with addresses and amounts included)
Posted by:	Approved by:
Check Date:	Check Number:

Vendor's Invoice Check Copy Other (Specify)

304 E Spruce Ave + Inglewood, CA 90301 + 310.677.7106 office@inglewoodfirst.org + www.inglewoodfirst.org