



First United Methodist Church of Farmington Check Request Form

Request Date: _____

Pay to the order of: _____ Due Date: _____

Amount of Check: \$ _____ (If over \$500.00 it need the Office Administrator approval as well)

Purpose Of Check: _____

Accounts To Draw From (Detail total must equal check total)

Account Number	Account Name	Amount

Submit Completed and signed form with supporting documents to the CHECK REQUEST folder in the MAIL drawer in the office.

Approval Signature: _____ Office Administrator Signature if over \$500.00 _____