

Requisition For Payment



St. Matthew
United Methodist Church

701 Cleveland Street • Greenville SC 29601
864.242.1966 • stmatthewumc.net

Pay To: _____

Address: _____

Date Paid _____
Check # _____
Amount _____

Description	Amount	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of person making request: _____

Ministry Dept. Approval: _____

Committee or Organization: _____

Date: _____
