

Requisition for Issuance of Check
 Arkansas Conference
 United Methodist Church

Date: _____

PLEASE ATTACH
 SUPPORTING INVOICES
 (request for \$25.00 or more require receipts)

Payable to:
Address:

For: (Description, Invoice #, etc.)

Employee:	1099	Grant:	
Account	Department	Sub-Department	Amount
		Total:	

Additional Instructions:	

Requested by: _____

Approved by: _____

Mail to: Department of Administrative Services
 P.O. Box 3611
 Little Rock, AR 72203-3611