

Requisition for ACH/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:		Grant:	
Account	Department	Sub-Department	Amount
			\$0.00
		Total:	\$0.00

<i>Additional Instructions:</i>

Requested by: _____

Approved by: _____

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