

St. James United Methodist Church
3000 Webb Bridge Road
Alpharetta, GA 30009

Rev. Dr. Michael T. McQueen, Sr. Pastor

Rev. Tariq Cummings, Assoc. Pastor

REQUISITION REQUEST FORM
(Please Print/Type Legibly)

Dept/Ministry: _____

Date of Request: _____

Amount Requesting: _____

Requested By: _____

Payee Name: _____

Phone Number: _____

Address: _____

- Advance Vendor
- Reimbursement Credit Card
- Honorarium – (must complete W-9)
- Benevolence Donation

PURPOSE/USE OF FUNDS

Detail Explanation: _____

SPECIAL INSTRUCTIONS

Budgeted: _____ *Non-Budgeted: _____

*If requested amount is not part of your approved budget, please attach explanation and rational to justify allocation of the requested funds. Non-Budgeted requests need Finance Dept. approval prior to disbursement of funds.

Check Disposition: _____ Return to Originator _____ Mail _____ Hold

APPROVAL

Church Administrator Ministry Chairperson

Treasurer Trustee Chairperson

Note: Attach a copy of all receipts that support the request for funds, ensure correct mailing address of payee, and retain a copy of this for your records. If requesting a cash advance, please return all receipts along with unused cash within SEVEN days after the event.
Finance dept. use only

Vendor #: _____ Account Code: _____
Revised: 7/8/16