

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

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

Rev. Kimberlyn Sinkfield, Assoc. 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 #: _____
Revised:8/9/17

Account Code: _____