

MIDWEST CONFERENCE WMS

CHECK REQUEST

DATE: _____

CHECK PAYABLE TO: _____

AMOUNT OF CHECK: _____

CHARGE TO: _____

CHURCH/AREA/COMMISSION/PROGRAM

REASON: _____

SIGNATURE: _____

INSTRUCTIONS

A CHECK REQUEST MUST ACCOMPANY ANY PAYABLE EXPENSE.
(TREASURER CANNOT DISBURSE ANY MONIES WITHOUT THIS FORM)

A SEPARATE CHECK REQUEST FORM MUST BE COMPLETED FOR EACH PAYEE.

THE ORIGINAL RECEIPT OR INVOICE MUST BE ATTACHED TO THIS FORM.
(CHURCH/COMMISSION/AREA/OR PROGRAM CHAIRMAN SHOULD RETAIN A COPY)

ONLY CHECK REQUESTS PROPERLY SIGNED WILL BE ACCEPTED.

MAIL CHECK REQUEST AND ORIGINAL RECEIPT/INVOICE/STATEMENT TO:
TREASURER, BETTY DEAN, 2603 E. 25TH St, N., Wichita, KS 67219

PLEASE ALLOW ADEQUATE TIME FOR YOUR REQUEST TO BE PROCESSED.

FOR TREASURER'S USE ONLY

CHECK # _____

DATE PAID _____