

Bethany United Methodist Church Payment Request

Payee _____

Address _____

City _____ State ____ Zip _____

Date	Description of Purchase / Expense	Amount	Account / Fund to Charge

Total Amount _____

Disposition (Check One):

Mail check to payee

ACH

Please print:

Person Submitting* _____ Date _____

*If the person submitting is NOT a staff person, board member or team chair, THEN this request must be approved by one of those individuals. In that case, please indicate below who approved the request

Name _____ Role _____

Please attach ALL receipts with a paperclip (do NOT staple prior to scanning).

Scan in this order: 1st—Copy of Invoice (will accompany check)

2nd—This form

3rd—All other documentation

Scan per instructions to BethanyUMCAdmin@Bill.com and then put in the "Accountant" mailbox.