



# Nolensville First United Methodist Church

*a neighborhood church  
where people experience a life-changing relationship with Jesus  
in a welcoming church family*

## Check Request/Disbursement Authorization Form

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

- Request for Vendor Check
- Reimburse for Out-of-Pocket Expense
- Personal Expense Report
- Other: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Reimbursable Expenses or Vendor Payments (attach receipt or invoice for each item)				
Date	Vendor/Supplier/Expense Type	Amount	Description	Account
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
	Total Miles x           ¢	\$		
<b>Total:</b>		\$		

Reimbursable Mileage			
Date	From	To	Miles
<b>Total Miles:</b>			

Submitted By Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ *loving God and neighbor where we live* \_\_\_\_\_