



# Nolensville First United Methodist Church

Our Mission: *to be a neighborhood church, where people experience a life-changing relationship with Jesus, in a welcoming church family.*

## Disbursement Authorization Form

Date: \_\_\_\_\_

Instructions: Provide all information, print clearly, and attach receipts for reimbursements

### Make Check Payable To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Description for which funds are used:

Item	Budget Line to be Charged	Amount
		\$
		\$
		\$
		\$
		\$
Total:		\$

### Instructions for Check:

☐ Mail ☐ Deliver to Payee

Submitted By: \_\_\_\_\_

Signature

Printed Name

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

Signature

Printed Name

If checks are not computer generated, enter check #: \_\_\_\_\_

\_\_\_\_\_

If checks are computer generated, attach check stub in this area.

Our Vision: *loving God and neighbor where we live*