Financial Request

Todays' Date:	
Date Needed:	
Check made out to:	_
Address	_
	or_
□Address on invoice	
Phone # <u>OR</u> Commercial Account #:	
Amount of check: \$	
Budget (or Fund) Line Number: #	_
<u>and</u>	
Budget Line (Fund) Name:	_
Reason Needed:	-
Approved by:	-

* If over \$250, must be approved by Staff Leader

Wilmore Free Methodist Church 1200 Lexington Road * Wilmore, KY 40390