				ur staff liaison sign off, fill in ocessed with all completed parts
Date	Check Amount	Person Requesting Check		
Church Account Na	me/Number			
Check Pa	yable To			
Purpose of E	Expenditure			
Circle One:	Hold at Church	To Be Mailed	Coun	t This As A Donation
Name				
Street		_		
City, State, Zip				
Authorization (Chair	or Staff Liaison)			
Possible Account Not 412000— Projects/Fund 511000— Adult Ministry 512000— Children's Mi 513000— Hospitality/Fe 513500— Congregation 515000— Youth Ministry	draisers (Strawberry Festival) nistry ellowship nal Care	532000— Kitchen St 821000— Missions 821110— Family Pro 821300— Emergenc 821400— NCCUMC 517000— Music/Har 841000— Music Des	omise y Response Special Offering adbells	891300— Worship 841100— Pine Straw 821600— Fairley Endowment 821700— Stern Endowment 821800— Curry Endowment If you don't see your account # or have questions ask your staff liaison.