

First United Methodist Church of Winter Garden

Check Request Form/Funds Transfer

Date of Request _____ **Date Check Needed** _____

Payable To _____ **Total Amount** _____

Address _____

_____ **Invoice Number** _____
(if applicable)
Invoice Date _____
(if applicable)

Request Funds Transfer from _____ (account name)

TO _____ (account name)

Purpose/Description/Comments

Requested by _____ **Phone Number** _____

Name of Account to be charged for these funds _____

***** FOR OFFICE USE ONLY *****

Distribution of Disbursement _____ **Amount** _____

Budget Account No./ Name _____ **Check Number** _____

Donor Account Name _____ **Issue Date** _____

Issued by _____ **Check Mailed** _____