NOLENSVILLE FIRST
UNITED METHODIST CHURCH

Disbursement Authorization Form **Date:** _____

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

Make Check Payable To:

Address:

_____

Description for which funds are used:

Budget Line to be Charged	Item	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.