

UNITED METHODIST CHURCH OF LOS ALTOS

All Purpose Form

This is a: (check one)

Date: _____

DEPOSIT *

Contribution/Gift

Payment

* Securely attach cash and checks to this form and deposit into the safe. All checks must be listed on the back of this form.

CHECK REQUEST

Reimbursement *

Services Rendered

Invoice

* Original receipts for reimbursable expenses must be attached.

FOR DEPOSITS:
 *All cash deposits require 2 signatures

Number of Checks: _____
 (list on back)

Check Total: \$ _____

Currency Total: \$ _____

Coin Total: \$ _____

Total amount to deposit:
 \$ _____

FOR CHECK REQUESTS:

Total amount to pay: \$ _____

PAY TO: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Soc. Sec. # _____ (SS# Mandatory for Services Rendered only)

Check to be Mailed or Put in Box:

Date of Event: _____ Name of Event: _____

Ministry Category or Account Name: _____

Description of Purpose: _____

Other Instructions/Information: _____

AUTHORIZED SIGNATURES: (form will not be processed without required signatures)

 Authorized Signature / Supervisor
 or Submitting Deposit as Counter #1

 Person Being Reimbursed or
 Counter #2

 Position/Committee

