

DAMASCUS UNITED METHODIST CHURCH

Disbursement Request

Pay to: _____ Amount: _____

Address: _____

Social Security # (as required) _____

For: _____
Describe activity - Responsible Committee

Account Information:

General Account/Budget line to be Charged 001 - _____ - _____

Temporarily Restricted Funds Account 001 - _____ - _____

Have these funds been budgeted? Yes

No

Authorized By: _____
Committee Chair

Date: _____

Finance Chair - if not budgeted

Date: _____