McCormick Methodist Church

Payment Authorization

From (Offi	ice or Comm	ittee)				
		-	S	ignature o	f Requestor	*
	ame and Add			Special Ir	nstructions	
	Approver N	/ust Complete Information Below	Accounting Use Only			
Account		•		Date	Check	Amount
or Fund	Amount	Signature of Approver*		Paid	Number	Paid
Total					Total	

*Requestor and Approver(s) certify that this payment is a correct and proper charge to McCormick Methodist Church