

St Mark United Methodist Church
1296 Marks Church Road
PO Box 14381
Augusta, Georgia 30919

Check Request Form

Work Area _____

Total Amount Requesting _____

Purpose / Event _____

Be sure to include receipts / estimates

Vendor / Pay To	Amount	Purpose	Check Number To be entered by Finance	Date To be entered by Finance

Requested By: _____ **Date** _____

Committee Chair _____ **Date** _____

Finance Representative _____ **Date** _____