



**Paris First United Methodist Church**  
617 Pleasant Street  
Paris , Kentucky 40361-1830

### Check Request

Date: \_\_\_\_\_

Pay To: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_  
(if to be mailed, \_\_\_\_\_  
check here  \_\_\_\_\_)

Budget Account: \_\_\_\_\_

Reason for Expenditure \_\_\_\_\_  
\_\_\_\_\_

Requester: \_\_\_\_\_ Approver: \_\_\_\_\_

Note: Please attach copies of receipts and/or all supporting financial documents.  
Church financial policies require appropriate documentation for reimbursement.



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