



To Know Jesus and Make Him Known

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Check one box

FUNDS REQUEST

1. I would like to make a purchase and want to see if funds will be available:

Purpose: _____ Amount: _____ Date Needed: _____

If the amount is more than \$100 a two week notice is required.

2. I am requesting a check in advance to pay for an upcoming activity/project. I understand I must bring a receipt and any leftover funds to the Church Office within two weeks of receiving the check.

Purpose: _____ Amount: _____ Date Needed: _____

3. I am requesting reimbursement for money that I have spent on behalf of the church. I am attaching a receipt.

Purpose: _____ Amount: _____ Date Needed: _____

Pick up in Church Office.

Mail to this address: _____

Attach copy of the sales receipt or invoice and submit to Gail Luckey, Church Treasurer.

Paid for with Church Debit Card 5770.

Charged to Cokesbury Account.

Send payment to the vendor: _____

Description of Goods or Services	Quantity	Estimated Cost

Note: As with all NEUMC purchases, it is the responsibility of the person incurring the charge to make sure there are funds either in the Operating Fund Budget or in Project Funds to cover the charge being incurred.

Shipping & Handling:

Total:

Account to be used: _____

Person making request: _____ Date: _____

Chairperson approval: _____ Date: _____

(For Office Use Only)

The listed goods or services were ordered from _____ by _____
on _____. Confirmation # _____