SUSQUEHANNA CONFERENCE
THE UNITED METHODIST CHURCH
303 MULBERRY DRIVE
MECHANICSBURG, PA 17050

DATE _____

REQUEST FOR CHECK

PAY TO _____

Address _____
Street City State Zip Code

AMOUNT OF CHECK $ _____

Description of Expenditure _____

_____

_____

APPROVED BY: _____ TITLE: _____

Disposition of Check: ☐ Mail ☐ See Notes

BUDGET NUMBER OR ACCOUNT _____ $ _____

Additional budget or account # if necessary _____ $ _____

Notes if necessary: _____

_____

_____

----- For Accounting Use Only -----

VENDOR CODE

REFERENCE NO.

DATE: _____

SUS/2025