



ST. MARK'S UNITED METHODIST CHURCH

917 Clanton Road, Charlotte, NC 28217

704-523-7483 Office; 704-523-1388 Fax

RECEIPTS and/or FUNDS TURN-IN FORM

Date: _____

Please PRINT

Name: _____ Title: _____

Budget Code Number & Ministry Name: _____

PLEASE remember to include budget code number & name where indicated.

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SECTION A (FOR CREDIT CARD PURCHASES ONLY)

Turning In Receipts Only Amount of Receipt(s): \$ _____

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SECTION B (FOR CHECK PURCHASES ONLY)

Please attach receipts for this check ONLY.

Check Number: _____ Check Date: _____

Amount of Request: \$ _____

Amount of Expenses: \$ _____

Amount of Refund: \$ _____

Amount of Reimbursement: \$ _____

If a reimbursement is needed, you MUST complete a check request form (pink sheet) and attach these receipts

Turning In Funds & Receipts Turning In Funds Only

Turning In Receipts Only

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