Western Jurisdiction
THE UNITED METHODIST CHURCH

2024 CHECK REQUEST FORM

Required Signed Approval from your Committee Chair/Co-Chair/ Authorized Person

REQUESTOR'S NAME	PHONE	EMAIL

PAYEE INFORMATION

Payable To Name _____

Payable To Address _____

Return Check To (if not mailed) _____

Check Delivery ☐ Mail Check ☐ Do Not Mail Check

EXPENSES FROM WESTERN JURISDICTION ACCOUNT

ACCOUNT	DESCRIPTION	INV/DATE	INVOICE	AMOUNT
Select Account from Dropdown				
Select Account from Dropdown				
Select Account from Dropdown				
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Select Account from Dropdown				
Select Account from Dropdown				
Select Account from Dropdown				
Select Account from Dropdown				
Select Account from Dropdown				
	TOTAL AMOUNT OF CHECK		$	0.00

Requestor's Name & Signature		DATE	
Approver's Name & Signature		DATE	

Please attach all supporting documents with your check request form

Mail To: Mireya Cuevas
California Pacific Conference
P.O.Box 6006, Pasadena CA 91102

Call US: 626 568 7336 Mireya Cuevas
626 568 7306 Archana Cary

Click on Submit or copy paste email address to send form

SUBMIT

Email: wjpayables@calpacumc.org