

Blair Road UMC Check/Reimbursement/Transfer Request

Date: _____

Payable to: _____ Vendor Number: _____

Address: _____

Purpose/Memo: _____

Account #: _____ \$ _____

Account #: _____ \$ _____

Account #: _____ \$ _____

State Tax 5%: # 010025 \$ _____

Food Tax 2%: # 010028 \$ _____

County Tax 2.5%: # 010026 \$ _____

Total due: \$ _____ Mail or Pick up Check? _____

Signature: _____