

Second Presbyterian Church
Request for Payment
(Please attach a copy of invoice or receipt)

Date of Request: _____ Date Check Needed By: _____

Make Check Payable To: _____

Amount of Check: _____

Place Check in My Church Folder (circle one): YES NO

If check should be mailed to an address other than that on the invoice, please indicate:

Address: _____

City, State, Zip _____

Committee : _____ Budget Acct #: _____

Reason for Payment: _____

Person Requesting This Check: _____

Email address for questions/information: _____

Committee Chair Approval: _____

Date Approved: _____

Invoice Paid by Check # _____ On: _____ By: _____
(date) (Controller)

This form must be accompanied by an invoice or receipt and 3 bids when required and signed by the committee chairman in order to be reimbursed.

Checks are issued on Thursdays. A request for payment must be received by end of business Wednesday in order to be paid that Thursday. If a check is needed prior to the next Thursday, please contact the Controller.

Expenses older than thirty days will not be reimbursed.

Approved by Session 10/18/10