

Mt. Airy Presbyterian Church
Request for Payment

Purchases may not be made prior to approval by Line Item Manager/Deacon

Date: _____

Account Name: _____

Check Payable To: _____ Amount Due: \$_____

Description of Purchase: _____

Submitted By: _____ Approved By: _____

Please attach supportive documentation, i.e. invoice, voucher or receipt

For Office Use Only

Check # _____

Date Paid: _____