

## PAYMENT REQUEST FORM

Use this form for reimbursements or to arrange payment to individuals or businesses for church related purchases

**REQUESTOR INFO**

Payment Requested by: \_\_\_\_\_ Date: \_\_\_\_\_ Needed by: \_\_\_\_\_

Purpose:      Reimbursement      Make check to vendor      **OR**      Purchase with CEC credit card

Make check out to Name: _____ Address: _____ _____ _____ Special Instructions (if any): _____	Use church credit card: x _____ CEC Card Holder: _____ Merchant Info: _____ _____ _____
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**EXPENSE(S) DETAIL**

Description of Item or Service	Date of Purchase	Amount (\$)
TOTAL		

Charge this expense to → Department: \_\_\_\_\_  
 Category: \_\_\_\_\_

Receipt or Invoice attached:      Yes      No (will provide)      N/A

**SIGNATURE APPROVALS**

<b>REQUESTOR</b>  Signature: _____ Email: _____ Tel: _____	<b>APPROVED BY</b>  Signature: _____ Print Name: _____ Date: _____
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**FOR OFFICE USE ONLY**

2<sup>nd</sup> Signature: \_\_\_\_\_      Ok to pay, OR      2<sup>nd</sup> check signature

Check Issued: \_\_\_\_\_      Check No. \_\_\_\_\_      Completed by: \_\_\_\_\_