

COMMUNITY CHRISTIAN CHURCH

Date of Request _____

Invoice Date _____

REQUEST FOR PAYMENT

Due Date _____

Pay Date _____

INVOICE #: _____

PAYABLE TO: _____ Vendor Code _____

ACCOUNT NUMBER: _____

EXPLANATION OF EXPENSE (give brief purpose for expense)	AMOUNT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
TOTAL	_____

REQUEST SUBMITTED BY: _____

(Please attach receipts with paper clip and fill out only those items in bold print.)

REQUEST APPROVED BY: _____