

REQUEST FOR PAYMENT

REMINDERS-

- FILL OUT THE FORM COMPLETELY AND INCLUDE THE RECEIPT CLEARLY SHOWING AMOUNT PAID/DUE
- NO CHECKS WILL BE ISSUED TO **ANY INDIVIDUAL** WITHOUT A RECEIPT.
- IF A PAYMENT ENVELOPE WAS INCLUDED WITH INVOICE PLEASE BE SURE IT IS ATTACHED

PAY TO INFORMATION: _____ TODAYS DATE: _____
 MAKE CHECK OUT TO: _____
 MAILING ADDRESS: _____ RFP #-ASSIGNED IN OFFICE: _____
 CITY-STATE-ZIP: _____ RFP PREPARED BY: _____
 BUSINESS PHONE/FAX: _____ PHONE : _____
 INVOICE # AND DATE: _____
 AMOUNT TO BE PAID: _____ PUMC ACCOUNT # TO BE CHARGED: _____

IF MULTIPLE ACCOUNTS TO BE CHARGED-LIST ALL AND AMOUNTS: _____
 DESCRIPTION OF ITEM(S)/SERVICES PURCHASED-TO VERIFY PROPER ACCOUNT # HAS BEEN ASSIGNED: _____

APPROVALS, VERIFICATION AND COMMENTS-INCLUDE YOUR POSITION AND DATE: _____

BELOW FOR OFFICE USE ONLY)

PAYMENT VOUCHER # _____ PAYMENT VOUCHER PREPARED BY: _____
 CHURCH ACCOUNT # TO CHARGE TO: _____ CHECK # AND DATE: _____

TREASURER VERIFICATION OF DATA-INVOICE, RFP AND PAYMENT VOUCHER _____
 IF REJECTED-TREASURER SIGNATURE AND RATIONALE: _____

CUT HERE WHITE COPY-OFFICE YELLOW COPY FOR YOUR RECORDS

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