

Grace Lutheran Church
313 S. Prospect Ave.
Champaign, IL 61820
(217) 356-6232

PAYMENT REQUEST FORM

*Pay to: _____

Address: _____

Remarks: _____

Invoice/Order # _____ Vendor Acct./Cust. Id. _____

Purchased by _____ Date _____

*Approved by _____ Date _____

*Amount: \$ _____
*Grace Account # _____

One of the following*

- Invoice Attached
- Charged, Invoice Expected
- Invoice NOT Expected (explain)
- Member-paid, Receipt Attached for Reimbursement

one of

*Committee/Group _____ chair liaison other (explain)

For Office Use Only
Check # _____ Date _____
VID# _____

Rev. 9/12/2016

INSTRUCTIONS: * indicates required field.

Request can't be approved until complete.

Requester completes and submits form to Committee Chair or Council Liaison.

Approver must ensure all *fields completed, date, and sign. Then place in Treasurer's box for payment. Charged items will be paid upon receipt of invoice or statement only if approved payment request has been received.

Salaries, utilities, mortgage, and synod apportionment do not require forms.