



*First United Methodist Church of Palatine*

# Payment Request

Full Name

Address

City

State/Prov.

Postal Code

Phone

Email

Amount

Date Submitted

Payment Date

Amount in words

Purpose of Expenditure

Church Committee or Sub-Committee Name

Expense Account Number

Form of payment

Reimbursement  Donation  Payment  Other

Months for recurring payments

Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

Receipts received

Submitted by

## Vendor Information

Vendor Number (Office)

Ledger Account Number

Vendor's Invoice Number

## For Office Use Only

Annual Budget

Remaining Budget

Comment

Authorized Signature