

Christiania Lutheran Church: Request for Payment

Date: _____ Check Payable to: _____ Date to be paid: _____

Electronic payment: _____ Credit Card: _____ Paper Check: _____ Total Expense: \$ _____

Reason for Payment: _____ Receipt Attached: _____ Invoice Attached: _____

Requested by: _____ Approved by: _____

Name of Team/Committee Approving payment: _____

FUND	ACCOUNT TYPE	ACCOUNT		AMOUNT DUE
			\$	
			\$	
			\$	
			\$	

Christiania Lutheran Church has a tax-exempt number. Please request a copy
We do not reimburse for tax - thank you for your donation.
NO RECEIPT REQUIRED FOR REQUESTS UNDER \$5.00.

ITEMS REQUESTED	QUANTITY

ITEMS REQUESTED	QUANTITY