



# Payment Request Form

This form is used when the expenditure is not supported  
by an invoice or purchase order.

Date: \_\_\_\_\_

To Treasurer, First Baptist Church

Please issue check to: \_\_\_\_\_

In the amount of \_\_\_\_\_, to pay for \_\_\_\_\_

Charge To Account: \_\_\_\_\_

(please list account #) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail/Give Check: \_\_\_\_\_

This is a reimbursement: \_\_\_\_\_

This amount will not be reimbursed: \_\_\_\_\_

This amount will be reimbursed: \_\_\_\_\_

Signed: \_\_\_\_\_

Purchase Order #/Purchase Approved: \_\_\_\_\_