

Eastridge Presbyterian Church
Request for Payment

Pay To: _____ Inv. Due: _____

Address: _____ Date Due: _____

Invoice Number: _____

Total Invoice Amount: _____

Acct #	Description of Payment	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach receipt(s)

Requested By: _____

Approved by:

Rev. Crelin (head of staff): _____

Rev. Frazier-Koontz (assoc. pastor): _____

Michelle Bassford (office mgr): _____

Jessica Kottmeyer (office assist.): _____

Susan Taylor (DCE): _____

Molly Schmit (music): _____

Brett Joseph (business mgr): _____

Special
Instructions: _____

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