

Advent Episcopal Church Payment Request

Date	Check Amount _\$		
Payee Address			
Address _	If not shown on attached docu	ıment	
Description of Item or service		Amount	Church Accou
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Disposition	Mail to Payee	Return to Requestor	
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Check #	Date	Written by	
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Payee _			
Address	If not shown on attached docu	umont	
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Description of Item or service		Amount	Church Accou
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Disposition	To Mail to Payee	\$	
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