



Advent Episcopal Church Payment Request

Date _____ Check Amount \$ _____

Payee _____

Address _____

If not shown on attached document

Description of Item or service	Amount	Church Account
	\$	
	\$	
	\$	
	\$	
Total	\$	

Disposition Mail to Payee Return to Requestor

Requested by _____

Approved by _____

Check # _____ Date _____ Written by _____



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