

Requisition for Payment

Christ the Servant Lutheran Church

Date of Request _____ Due Date _____

Amount of Request _____

Pay from (check one, either general fund or restricted fund)

_____ General Fund

_____ Restricted Fund (must indicate fund): _____

Expense Account to be charged (must indicate how expense is to be tracked):

Ministry: _____

Expense: _____

Check Payable to _____

Address _____

Phone _____

Note: _____

Account # _____ Invoice # _____

Receipt or invoice must be attached.

Description of expense _____

Requested by _____

Approved by _____

Return to Treasurer's Mailbox or Church Office