

PIEDMONT EPISCOPAL CHURCH PAYMENT REQUEST/AUTHORIZATION

INSTRUCTIONS: Check one of the following 2 options then indicate the activity in the list of choices following. A bill or written, signed statement describing the expense must be attached to this form. Please make sure payee and address (if appropriate) are adequately identified.

PLEASE REIMBURSE ME FOR A PAYMENT THAT I HAVE MADE ON BEHALF OF PIEDMONT CHURCH

PLEASE PAY THE ATTACHED BILL DIRECTLY TO THE VENDOR

PLEASE INDICATE WHICH ACTIVITY IS TO BE CHARGED FOR THIS PAYMENT:

TELEPHONE

CHURCH MAINTENANCE

JANITORIAL SUPPLIES

MOWING OR SNOW REMOVAL

CHRISTIAN EDUCATION

ALTAR/WORSHIP

MUSIC

STEWARDSHIP

CHRISTIAN FELLOWSHIP

NURSERY

YOUTH ACTIVITIES

POSTAGE

COUNCIL EXPENSES/CONTINUING EDUCATION

OFFICE SUPPLIES INCLUDING COPIER SUPPLIES

PRINTING COSTS (BULLETIN, NEWSLETTER, DIRECTORY, REPORTS)

OTHER - PLEASE DESCRIBE BELOW

DATE: _____ SIGNATURE: _____