



PAYMENT REQUEST FORM

CHURCH: _____

Make Payment To: _____

Address: _____

Amount: _____ Date Payment Needed: ____/____/____

Distribution of Payment: Mail to Above Address Other _____

Purpose of Payment (Be specific and brief - Complete all Applicable Information):

Receipts Attached: Yes No If not, please explain: _____

Person Placing Request: _____ Date ____/____/____

Signature of Authorized Approval Agent: _____ Date ____/____/____

This completed form and all applicable receipts should be scanned and emailed to bills@stsonconsulting.net.

For STS Use Only:

Ref#: _____

Account	Sub-Account	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Finance Approval: _____ Date ____/____/____

