Payment Request form

Good Shepherd UMC of the North—149 W. Robinson Lake Road—Roscommon MI 48653

***Treasurer needs to know if the purchase was for the church or parsonage or what area. Thank you!

Check payable to: _____ **Date submitted:** _____

Address: _____ **check to be mailed?** _____

☐ Number of Receipts Attached

SIGNATURE OF PASTOR NEEDED FOR APPROVAL: _____

Print team leader name & phone # _____

EXPENSE DATA (please complete in detail)

Date	Items Purchased & Business Purpose	Budget Area (Line item #)	Total
		Total:	

TREASURER'S USE ONLY

ACCOUNT NO: _____ CHECK DATE: _____

CHECK NO: _____ AMOUNT PAID: _____