

ETERNAL CHURCH
REQUEST FOR DISBURSEMENT

Please attach copy of receipt or accompanying documentation and complete the following form.

VENDOR / INDIVIDUAL REQUESTING PAYMENT:

ADDRESS: _____

RECEIPT DATE: _____ DATE OF REQUEST: _____

Department	Account	Description/Purpose	Amount
TOTAL			\$

Memo/Special Instructions _____

___ Mail Check ___ Will pick up check

REQUESTOR'S SIGNATURE

AUTHORIZED STAFF SIGNATURE

For Office Use Only: Check No. _____ Check Date _____
