

The Charlotte Church
PAYMENT REQUEST FORM

P.O. Box 30153, Charlotte, NC 28230-0153 / FAX (704) 342-1235 / churchoffice@thecharlottechurch.org

Make Payment to: _____

Address: _____

Amount: _____ Date Payment Needed: _____

Distribution of Payment: Mail to Above Address

Put in Office Box

Other _____

Sector _____ Zone _____

Purpose of Payment (Be specific - Complete all applicable information): _____

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

Person placing request: _____ Date: _____

Signature of Authorized Approval Agent: _____ Date: _____

For Accounting Use Only:

Account	Number	Amount
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Finance Approval: _____ Date: _____