

Payment Request

Date: _____

Payable To: _____

Address: _____

Purpose: _____

Amount \$

If more than one
ministry split amt

Ministry:

☐

Reimbursement - Attached receipts

☐

Pay Out / Donation

☐

CC Payment

Provide info regarding purchase

Requestor Signature: _____

Ministry Lead Approval: _____

Give completed form to Greg Dumas or Kimbre AmayaWood

Form can be emailed with a picture of backup data (if necessary) to:

Financial@thegatheringsonora.church & greginsonora@gmail.com

Check written / CC charge Date : _____

Ck #: _____

Date Recorded in Budget: _____