

FIRST PRESBYTERIAN CHURCH
1201 NORTH STREET ~ BEAUFORT, SOUTH CAROLINA ~ 29902
POST OFFICE BOX 1226 ~ 29901 ~ firstpresbeaufort.org

Requisition for Payment/Reimbursement

Payment

Reimbursement

Date of Request: _____

Amount: _____

Make Check Payable to: _____

Address: _____

Service or items this request covers: _____ Amount: _____

_____ Amount: _____

_____ Amount: _____

Committee Approval: _____ (i.e. Mission, Stewardship, Deacons, Worship)

Budget Approval Signature: _____ Date: _____

Attach any receipts, invoices, or other documentation to substantiate payment. Payments will not be made without documentation.

FOR OFFICE USE ONLY

Charge to Account: _____ Reviewed by: _____ Date: _____