

# The Charlotte Church

## PAYMENT REQUEST FORM

1800 Camden Rd, Ste 107-275, Charlotte, NC 28203 / FAX (704) 342-1235 / churchoffice@thecharlottechurch.org

Make Payment to: \_\_\_\_\_

Address: \_\_\_\_\_

Amount: \_\_\_\_\_ Date Payment Needed: \_\_\_\_\_

Distribution of Payment:  Mail to Above Address    Phone Number (required for mailed checks): \_\_\_\_\_  
 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: \_\_\_\_\_