

Clemmons Moravian Church
Request for Check Payment Directly to Vendor

Amount to Pay: \$ _____

Due Date: _____

Pay to: _____ (Attach Vendor Invoice/Receipt)
Mailing Address: _____

Brief Description of Request: _____

Accounting Fund to Pay From: _____
(List Fund Name Here- EX: General Fund)

If Applicable: List Committee Name Here _____
(EX: Christian Education (CE))

List Committee Budget Line Item Here: _____
(EX: Children's Events)

Date of Request: _____

Requested By (please print): _____

Signature: _____

DATE APPROVED: _____

APPROVED BY:

/

_____ / _____
Print Name/Title

Signature

(Approval cannot be by Person Requesting the Payment)

OFFICE USE ONLY

CHECK #: _____

DATE: _____

CMC Treasurer's Initials