

PAYMENT REQUEST	Requested By: _____	Approved by: _____
	Date: _____	
CHRIST THE SAVIOUR ORTHODOX CHURCH	Amount: \$ _____	

Check Payable to: _____

Payee Email Addr: _____

Payee Postal Addr: _____

Note: Payment check will be mailed unless specified otherwise below:

Payable for (be specific): _____

ATTACH RECEIPTS FOR ITEMS PURCHASED FOR THE CHURCH

SUSMISSION FOR PAYMENT

Place this form and accompanying receipts in treasurer's bin in Church Office
OR
Email to treasurer@ctshbg.org