

The Presbytery of Donegal - Request for Payment

INSTRUCTIONS: Submit to Presbytery office for payment or reimbursement of budgeted OPERATIONS/PROGRAM expense approved by Committee Chair or Unit Head

PAYEE: Make Check Payable to: (Name/Address)

Other Processing Instructions: (Mailing Address
Other than Payee, Enclosures, Reference #'s

COMMITTEE / ADMINISTRATIVE UNIT OPERATIONS / PROGRAM EXPENSE

Date (s)	Description				
	Category	Destination	# Miles	\$ per mile	Amount
	Travel				
	Travel				
	Travel				
Description (attach receipts)					
	Meal(s)				
	Tolls				
	Parking				
	Phone				
	Other				
	Other				
	Total				\$

PAY FROM: Budget Line No.

Budget Line Name:

AUTHORIZED BY: Committee/Administrative Unit

Signature

Date

FOR OFFICE USE:

Date Received:

Date Approved:

Approved By:

Title: Executive Presbyter

G/L Account #	Description	Amount
		\$

PAID BY PRESBYTERY CHECK:

NOTES:

NO. DATE: