

PRESBYTERY OF THE COASTLANDS
PAYMENT REQUEST

PAY TO: _____ Phone: _____

ADDRESS: _____

_____ Email: _____

Note: For payments to individuals for services in excess of \$600, completed **Form W-9** is required **prior** to issuance of check.

INVOICE # _____ **AMOUNT \$** _____

DUE DATE _____ **INVOICE DATE** _____

For Memo on Check (35 character limit) _____

EXPLANATION _____

SPECIAL INSTRUCTIONS _____

Account number if known	Amount	Line Item
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
Total	\$ _____	

DATE SUBMITTED _____

APPROVER

Authorized signature if check is for self

Please sign electronically or sign and scan whenever possible. Person requesting reimbursement should sign and have additional authorized person sign as well.

In order for payments to be made, invoices and supporting receipts must be submitted – please scan and attach to pdf whenever possible. Credit card receipts and other expense reimbursement receipts should be clearly documented in accordance with Presbytery expense reimbursement policy.