

ST. STEPHEN'S UNITED METHODIST CHURCH

9203 Braddock Road, Burke, VA 22015

Jeffrey P. Mickle
Senior Pastor

Melissa Porter-Miller
Associate Pastor

PAYMENT REQUEST FORM

Please mail completed form to Susan Snow or place in her box in the office. Thank you!

Date: _____ Amount: \$ _____

Pay to the order of: _____

Full Address: _____

Person requesting payment: _____

Phone #: _____

Authorized by: _____

(If you are not responsible for monitoring the account to be charged, "authorized by" must be completed)

Account to be charged: _____

Expense Description: _____

Please attach to **BACK** the necessary invoice, receipt or supporting document

_____ I will pick up check in church mailbox: _____

_____ Check should be mailed.

_____ Special request: _____

Day/Date needed: _____

****NOTE:** Please allow one week for processing and signature. Thanks!