

Presbytery of Greater Atlanta

Request for Payment

DATE _____

TO: EDWIN W. ALBRIGHT, JR.
1024 PONCE DE LEON AVE., NE, ATLANTA, GA 30306-4216

FROM: _____

IN ACCORDANCE WITH AUTHORIZED PROCEDURE I HEREBY REQUEST THAT YOU PAY:

\$ _____ TO _____

(Address) _____

(City, State, Zip) _____

ACCOUNT NO. _____ ACCOUNT NAME _____

SPECIFIC ITEM COVERED _____

____(Supplies, Travel, etc. Attach supporting documents – invoices, receipts, etc.)

AUTHORIZING SIGNATURE _____

Check (1) or (2): (1) _____ Mail Check (2) _____ Return check to me by ____/____/____