



CENTREVILLE PRESBYTERIAN CHURCH
15450 Lee Highway
Centreville, Virginia 20120

AUTHORIZATION FOR PAYMENT AND/OR REIMBURSEMENT

Date: _____

Pay to: _____

Invoice attached: _____

Paid cash, please reimburse: _____
(Receipt/s required)

By line item list Ministry to be charged:

<u>ITEM</u>	<u>MINISTRY TO BE CHARGED</u>	<u>AMOUNT</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: _____

Expense/s incurred in connection with

Charge Account No.: (by line item) _____ Included in budget: ___yes ___no

Requested by: _____

Approved by: _____ Date: _____

Paid by Check No.: _____

Dated: _____