

**Good Shepherd Presbyterian Church**  
**1400 Killian Hill Road, Lilburn, GA 30047**  
**770-921-7434**

## Payment Request

**\*Note: Original** receipts or invoice must accompany this form to receive reimbursement.  
Please tape itemized receipts to a sheet of paper. Please turn this in to the accountant within  
30 days of purchase date.

Make check payable to: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check should be: Mailed  Hold for pick up

<u>Date *</u>	<u>Invoice #*</u>	<u>Description</u>	<u>Acct to charge</u>	<u>Dollar Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*if applicable

Total Amount \_\_\_\_\_

Requesters Name \_\_\_\_\_ Date submitted \_\_\_\_\_

Elder Approval \_\_\_\_\_ Date Approved \_\_\_\_\_