

WHITE MEMORIAL PRESBYTERIAN CHURCH
1704 OBERLIN ROAD
RALEIGH, NC 27608

REQUEST FOR PAYMENT

Payable to: _____
Address: _____

Date: _____

Approved by: _____

Supervisor/Associate Pastor

Assoc. Pastor for Admin./Senior Pastor

Explanation: _____

<u>Account#</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
NC Sales Tax	_____

_____ TOTAL

_____ Please Mail

_____ Please return to _____

Requested by: _____

Payment Requests received by Tuesday noon will be processed on Thursday of the same week.
PLEASE ATTACH ALL RECEIPTS OR SUPPORTING DOCUMENTATION

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