

First Presbyterian Church
Franklin, PA 16323

PAYMENT REQUISITION
(Attach all *itemized* receipts, invoices, and bills)

Requisition Date _____

Name of Vendor to Pay: _____

Amount of Invoice: _____ Date of Invoice: _____

Description of purchase _____

Account Invoice to be posted to: _____
(Example: Adm. Expenses - Telephone)

Signature of Person Requesting Payment: _____

Date Paid: _____

Check #: _____

Revised 7/13

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