Date Paid_____ Amount_____ Check No. _____

CLOVIS MEMORIAL UNITED METHODIST CHURCH

INVOICE DATE:_____

Request for Payment to be made to:

PAY DATE:_____

Vendor#   _____

Line Item To Charge	Description of Purchase	Amount	Post
		.	
		.	
		.	
		.	
		.	
		.	

Requested by (*) _____   Total: _____ . ____
<div align="center">sig</div>

Approved by (If over $200)_____
<div align="center">sign</div>   (Chairperson/Staff person)

Distribute check as follows:

☐ Please leave   _____

☐ Please mail to Payee   _____

Remarks:

☐ Order

☐ This is for reimbursement

☐ Advance payment

☐ Donation

Bills, invoices, receipts, etc., must all be attached.

Special Comments: