



St. Peter's Church
Making Disciples of Jesus Christ

Request for Payment

Date Submitted: _____

Requestor: _____

Area of Ministry: _____

Description: _____

Does the Requestor Need Reimbursement Yes _____ No _____

Vendor to be paid:

TOTAL: _____

Please Include Vendor Name and Submit Receipt or Invoice from Purchase

*** Reimbursement will be withheld without Receipt or Invoice ***

BELOW FOR AUTHORIZED SIGNATURE

AOM/VESTRY

DATE

TREASURER

DATE

Important Notes:

- Non Vestry / Staff Must Submit RFP prior to purchase and have signed by Appropriate Vestry Member.
- Spending From Restricted Funds must be Approved by Senior Warden prior to Purchase.
- Vestry Members or Treasurer can approve RFP's. Call Office 904-778-1434 for Appropriate contact information

OFFICE USE ONLY

Date: _____ Paid By: _____ Check: OR Cash: