PRESBYTERY OF SOUTHWEST FLORIDA, PCA, INC.

Request for Payment

Date requested_____

Make check payable to:

Name_____ Phone No._____

Address_____

City, State, Zip _____

Check one: [ ] Mail to above address

[ ] Return to originator

Purpose of Request	Amount	Team Name	*[For Office use only] Account No.*

Total Requested: _____

Approvals:

Originator_____

Ministry Approval_____

Processed By_____

Date Processed_____ Check #_____