

**Presbytery of Middle Tennessee
Request for Payment Voucher**

Pay to: _____

Date: _____

Address: _____

Amount: \$ _____

Acct #: _____

Unit: _____

Invoice Number	Description	Amount
Total (Must equal amount of check)		\$

Requested by: _____

Unit Moderator Approval: _____

Executive Presbyter Approval: _____

*****REQUESTS WILL NOT BE PROCESSED WITHOUT PRIOR APPROVAL OF UNIT MODERATOR***
PLEASE ATTACH INVOICE AND SUPPORTING DOCUMENTATION.**