



Metropolitan Washington D.C. Synod Evangelical Lutheran Church in America

God's work. Our hands.

PAYMENT REQUEST

_____ No.: _____

Vendor Code: _____

To: Financial Secretary's Office
Metropolitan Washington, D.C. Synod, ELCA
305 E Street, NW Suite 300
Washington, DC 20001
Phone: 202-417-3678
Fax: 202-822-1902

Please Pay to
the Order of: (Name) _____ \$ _____
(Full Mailing Address) _____

Description of Expense: _____

Account No.
(For Office Use Only): _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Check One:

____ Receipts or Invoices Attached
____ Cash Advance
Receipts or invoices will be provided after expenditure is incurred on (date)_____.

Chairperson Signature

Date

Check Number _____

Date _____