

**St. Stephen A.M.E. Church**  
705 S. Kirkman Street  
Liberty, N.C. 27298

**For Office Use Only:**

Issue Date: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Check #: \_\_\_\_\_

**Request for Payment / Reimbursement Form**

Date: \_\_\_\_\_

Payee: \_\_\_\_\_

Invoice# \_\_\_\_\_ Amount Requested for Payment: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

\*\*\*\*\* RECEIPTS MUST BE ATTACHED / MAKE COPIES \*\*\*\*\*

**Description:**

**Amount:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Total Disbursement:** \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

*Approver's Signature*