



Croydon Hills Baptist Church Payment Request Form

Please complete and attach to invoice for payment

Payee: _____

Ministry	Description of Goods or Service	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL:		\$ _____

Requested by: _____

Approved by: _____

Details: _____

Approved by: _____

Date: _____

Entered MYOB: _____



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