

Vendor ID: _____

Western North Carolina Conference
The United Methodist Church

*****REQUEST FOR PAYMENT*****

Vendor Name: _____

Address: _____

Sales Taxes \$ _____ County _____. If any sales taxes are included in the attached invoices, please enter the amount of sales tax here. This amount is for information only and should not be deducted from the invoices to be paid.

Account Number (From cost center report)	Brief Description (15 characters to appear on check)	Amount
Total Check Amount:		

Additional Information:

Authorized Signature

Date

TO BE FILLED IN BY REQUESTOR
(Attach all original documents to this request)
VENDOR INFORMATION

<input type="checkbox"/>	ON FILE and APPROVED
<input type="checkbox"/>	W-9 ATTACHED
<input type="checkbox"/>	501 c 3 ATTACHED
<input type="checkbox"/>	Phone Number: () _____ - _____