

Greater New Birth Church

Payment Request Form

Please return this form 2 weeks before the event

Today's Date:

Date of Event:

Requested by:

Date Needed:

Cell Number:

Ministry/Group:

Make check payable to:

Amount:

Select form of payment:

***Cash request are limited to \$50.00**

Name of the Event:

Reason for payment request:

COD/ Coordinator:

Date:

Ministry Pastor:

Date:

Executive Office:

Date:

Executive Office:

Date:

Administrative office Use Only!

Comments: