

# Payment Request

The Vineyard Church of Ithaca  
 PO Box 6859  
 Ithaca, NY 14851-6859



<b>Check #</b>	_____
<b>Check Date</b>	_____

<b>Payee Name:</b>	_____
<b>Address:</b>	_____
	_____
<b>Phone:</b>	_____

<b>Mileage: (attach itemized list of miles)</b>	<b>Amount</b>
<b>Total Miles:</b> _____	<b>rate:</b> _____

**Please list receipts and amounts (original receipts must be attached):**

Date	Vendor	Purpose	Accounting Category	Amount
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	_____	_____	_____	_____
16	_____	_____	_____	_____
17	_____	_____	_____	_____
18	_____	_____	_____	_____
19	_____	_____	_____	_____
20	_____	_____	_____	_____

<b>Total amount for all receipts:</b>	_____
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<b>Submitted By (print)</b>	_____	<b>Date</b>	_____
<b>Signed</b>	_____		