

Request for Payment  
Christ Lutheran Church  
7809 Woodman Road  
Richmond, Virginia 23228

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Pay From \_\_\_\_\_

| Description | Account | Amount |
|-------------|---------|--------|
|             |         |        |
|             |         |        |
|             |         |        |
|             |         |        |
|             |         |        |
|             |         |        |
|             |         |        |
|             |         |        |
|             |         |        |

Approved \_\_\_\_\_ Date Paid \_\_\_\_\_ Check No. \_\_\_\_\_ Total \_\_\_\_\_