

**PRESBYTERY OF THE EAST  
OFFICE OF THE TREASURER  
PAYMENT REQUEST AND REIMBURSEMENT FORM**

Please mail or email to (email is preferred):

Mrs. Christine McElroy
402 Edmonston Drive
Rockville, Maryland 20851
Email: <a href="mailto:christine.mac44@gmail.com">christine.mac44@gmail.com</a>
Tel: 240-401-8416 (C); or 301-424-5311

Request Date \_\_\_\_\_

Committee/Function \_\_\_\_\_

Requested by:

Name: \_\_\_\_\_  
(Typed or Printed)

\_\_\_\_\_  
(Signature)

Approved: Committee Chairman/Other: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name Typed or Printed) (Date)

**Make This Check Payable to the Order of:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Please include address so check can be mailed and phone number/email address in case Treasurer needs to contact you)

ITEM #	INVOICE/RECEIPT NO	DESCRIPTION OF ITEMS/SERVICES	\$AMOUNT

(Use Continuation Sheet if Needed)  
(ATTACH ALL RECEIPTS AND DOCUMENTATION)

TOTAL AMOUNT OF PAYMENT FOR ABOVE INVOICES: \$ \_\_\_\_\_

Treasurer Approval \_\_\_\_\_ Date Approved \_\_\_\_\_

For Treasurer's Use Only: Paid for by Check # \_\_\_\_\_ Date Paid \_\_\_\_\_

