

HOLY COMMUNION LUTHERAN CHURCH

PO Box 55
Fallston, MD 21047-0055



Request for Payment

Date _____

To: HCLC Treasurer

Please issue a check in the amount of \$ _____ payable to:

NAME _____

ADDRESS _____

THIS EXPENSE IS A PROPER CHARGE FOR: (attach all invoices, receipts, and other data)

From: (Name) _____ (Title and/or Committee) _____

APPROVED BY: _____
Committee/Activity

PLEASE USE TAX EXEMPT CARD WHEN MAKING PURCHASES

**OFFICE
USE
ONLY**

Check No. _____ Date Paid _____

Account(s) _____

Treasurer

