

# Payment Request Form

**The Episcopal Diocese of Upper South Carolina**  
**1115 Marion Street Columbia SC 29201**

Special Instructions: (Such as sending to other than payee, etc.): \_\_\_\_\_

\_\_\_\_\_

Payable to: \_\_\_\_\_

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

Check Here (  ) if Journal Entry

Date: \_\_\_\_\_ Authorization: \_\_\_\_\_

Account/Fund Numbers	Amount	Month/Date*	Invoice Number and/or Explanation

\* Year in which material is to be received or event is to take place