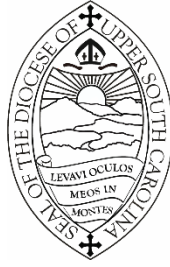# PAYMENT REQUEST FORM

The EPISCOPAL DIOCESE *of* UPPER SOUTH CAROLINA

EDUSC ✳ 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.

Attention: If request affects SOM line item(s) that are nearing or above budget please provide the following		
Account	**Budget**	**Income Received**
Fields above must be completely filled-in to process the request		