

THE CENTER FOR NEW CHURCH DEVELOPMENT  
*THE NORTH TEXAS CONFERENCE OF THE UNITED METHODIST CHURCH*

REQUEST FOR PAYMENT FORM

DATE REQUESTED: \_\_\_\_\_

DATE NEEDED: \_\_\_\_\_

PERSON MAKING REQUEST:

\_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_

CHECK TO BE ISSUED TO:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

CITY, STATE, ZIP CODE:

\_\_\_\_\_

**Description of purchase or service:**

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING REQUEST

\_\_\_\_\_  
APPROVAL SIGNATURE OF THE OFFICE OF NEW CHURCH  
DEVELOPMENT