



**Delaware-Maryland Synod**  
**Evangelical Lutheran Church in America**  
God's work. Our hands.

**Request for Payment**

Date of request: \_\_\_\_\_

Amount: \_\_\_\_\_

**Payable to**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Purpose: \_\_\_\_\_

**Requestor**

Division/Office: \_\_\_\_\_

Committee within Division/Office: \_\_\_\_\_

Authorizing Person: \_\_\_\_\_ Signature: \_\_\_\_\_

Number to call to resolve any problems: \_\_\_\_\_

Additional explanation (as needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please mail this form and any supporting documents to:**

Delaware-Maryland Synod  
c/o San Dee Koons  
575 S Charles Street, Suite 202  
Baltimore, MD 21201

**For office use only**

Payee code: \_\_\_\_\_

Charge to account #: \_\_\_\_\_