



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:

Charge to the following account (check appropriate box): Discipleship,
 Communications, Connectedness, Leadership, Staffing, Operations

Expense Line Item Under the Above Account: (for example Campus Ministries under Connectedness): _____

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
Treasurer
5699 Meridale Road
Baltimore, Maryland 21228

For office use only

Payee code: _____
Charge to account # _____