



THE DIOCESE OF PENSACOLA-TALLAHASSEE
REQUEST FOR PAYMENT

Originating Department: _____

Department Head: _____

Date: _____

Department Authorization

Finance Authorization

Account	Amount	Pay to Vendor	Description

Total Payment: \$ -

Vendor Address:

*Attach Original Invoice(s) with Request for Payment form.
 Please return this form to the Finance Department by 2pm Tuesday in order to be processed.*

DO NOT WRITE BELOW THIS LINE

VENDOR # _____ DUE DATE _____

INVOICE # _____ INVOICE DATE _____