ST. NICHOLAS CATHOLIC CHURCH

Payment Request

Name of Ministry:
Authorized Signature:
Date of Request:

Remit Payment To:

Name:
Address:
Phone:

Bank Account: ☐ Operating ☐ Gaming ☐ Mass Stipends ☐ ADLF

Ledger Account Distribution:

Account	Amount	Vendor	Comment Line
Total:			

Notes: (1) This is a tax-exempt organization; therefore, sales tax cannot be reimbursed. (2) An IRS Form W-9 must be completed and submitted for all individuals or unincorporated business who provide services before payment can be processed. Failure to do so will require that 28% be withheld from vendor for Federal Income Tax. (3) All vendors completing work on premises must have a current certificate of insurance on file in the Parish Office before payment can be made.

Special Instructions for Accounting:

Office Use:

Date Entered:	Check Prepared By:	Check Number:	Check Date:	Check Signed By: