

Christ Child Request for Payment

Please submit this form with appropriate receipts attached to the Committee Chairperson or Christ Child Treasurer.

Check payable to:

Name: _____

Address: _____

Please list amounts for all individual receipts:

Vendor:

Amount:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Christ Child Committee/Project:

Acknowledged by Committee Chairperson (where applicable):

Date: _____