

# Payment Request Form LDS

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## Requestor Information:

- Name: \_\_\_\_\_
- Position/Role: \_\_\_\_\_
- Contact Information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_

## Event/Activity Details:

- Name of Event/Activity: \_\_\_\_\_
- Date of Event: \_\_\_\_\_
- Location: \_\_\_\_\_

## Expense Details:

Item Description	Purpose	Amount Requested
<b>Total Amount Requested:</b>		\$ _____ _____

## Payment Information:

- Pay to the Order of: \_\_\_\_\_

- **Address:** \_\_\_\_\_
- **City, State, Zip:** \_\_\_\_\_

**Banking Details (if direct deposit):**

- **Bank Name:** \_\_\_\_\_
- **Account Number:** \_\_\_\_\_
- **Routing Number:** \_\_\_\_\_

**Documentation Attached:**

- Receipts
- Invoices
- Other Pertinent Documents

**Approval:**

- **Requested by:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- **Approved by:**
  - Bishop/Branch President
  - Financial Clerk
  - Other (Specify) \_\_\_\_\_
  - **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only:**

- **Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- **Check Issued:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- **Check Number:** \_\_\_\_\_

**Notes/Comments:**