

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_ AMOUNT \_\_\_\_\_

**SELECT ONE**

- DONATION TO PCW
- REIMBURSEMENT (address) \_\_\_\_\_
- APPLY TO MY PLEDGE
- DIRECT PAYMENT TO VENDOR/SUPPLIER: \_\_\_\_\_  
(name of vendor/supplier)
- CHURCH CREDIT CARD \_\_\_\_\_  
(include last four digits of credit card and name of vendor/supplier)

***PACKING SLIP/RECEIPT/INVOICE MUST BE ATTACHED IN ORDER TO PROCESS FOR PAYMENT***

EXPLANATION OF PAYMENT: \_\_\_\_\_

*Below to be completed by Commission Moderator*

*ACCOUNT NAME:* \_\_\_\_\_ *ACCOUNT #* \_\_\_\_\_

**DATE:** \_\_\_\_\_ **AUTHORIZED BY:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**COMMISSION NAME:** \_\_\_\_\_