

2010
PRESBYTERY OF CINCINNATI
AUTHORIZATION FOR PAYMENT

DATE _____ AMOUNT _____

PAY TO _____

MAIL TO _____

REASON FOR PAYMENT:

CHARGE ACCOUNT #(s)	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

APPROVED BY _____
Committee Chair (if Committee Expense) or Staff

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