

Salem United Methodist Church

Outside Labor Request for Payment

Date: ___/___/___

Payable to: _____

Address: _____

City: _____ State: _____ Zip: _____

Amount: \$ _____ from Account # / Program Area _____

Service Date	Work/Duties Performed	Work Hours		No. Hours
		From:	To:	
___/___/___	_____	___:___	___:___	_____
___/___/___	_____	___:___	___:___	_____
___/___/___	_____	___:___	___:___	_____

Rate \$ _____ Approved: _____ TOTAL HOURS _____

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___/___/___	_____	___:___	___:___	_____

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