

Payment Request
Church of Our Saviour

Date: _____

Vendor/Payee: _____ Amount: _____

Item Description _____

Ordered by: _____

Approved by: _____

Items below will be filled in by office staff.

Account to charge: _____ Date Paid: _____

Check Number: _____

If your purchase is more than \$100, please contact the appropriate Vestry Liaison to discuss the purchase, and receive their approval.

Vestry Liaisons

- | | | | |
|--|-------------------|--|----------|
| • Office and Utilities | Boyd Roberts | boyd@placerville.net | 344-1883 |
| • Christian Education | Stephanie Johnson | stphanie.jmail@gmail.com | 306-5323 |
| • Insurance/Risk Management | Charles Griffin | guguam@msn.com | 295-8152 |
| • Fellowship | Jackie Scholl | jcarlson-scholl@sbcglobal.net | 626-3833 |
| • Maintenance/Cap. Expenditures | Bill Baird | billbaird@internet49.com | 621-4677 |
| • Worship | Fr. Craig | craig@oursaviourpv.org | 622-2441 |
| • The Outer World (inc. Cont. Education, Advertising, Parish Life, Outreach) | Lorna Perpall | msfairweathr@internet49.com | 622-0961 |
| • Gift Giving & Endowment Fund | David Zelinsky | davidz9@hotmail.com | 622-7271 |