



Greek Orthodox
Metropolis of Chicago

Payment Request

Form to be used for reimbursement of external vendors/non-staff only

Date: _____ / _____ / _____

Name/Vendor: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Fund/Ministry: *(please indicate one: Youth & Young Adult, Fanari, Lighthouse, HOPE, Archons, General Operating)* _____

Amount: \$ _____

Description/Purpose: *(please provide as much detail as possible)*

Attach Receipts: *(if no receipts please explain)*

Vendor signature: _____ Date: _____

Email completed form and receipts to metropolisofchicago@bill.com