

Disbursement Voucher



Payee: _____

Request Date: / /

Address: _____

Method of Disbursement		Mail to Payee
		Mail to Auth. Signer

City, State, Zip: _____

Purpose of disbursement: _____

Amount: _____

Expense re-embursement MUST include all original receipts. Payment will be no greater than receipts received.

Ministry to charge:

- Music
- Sabbath School
- Worship Service
- Special Event / Program
- Administration
-

Code	Description	Amount

Funded by:

Budget \$ _____

Restricted Funds \$ _____

Treasurer

Approval

_____ Printed Name of Authorized Signer

Paid by ck#: _____ Date Paid: / /

_____ Authorized Signature