

# Ashland United Methodist Church Request for Payment Voucher

For Office Use Only	
Check Date	_____
Check Number	_____

Instructions:

1. Fill this form out in its entirety.
2. Attach all supporting documents and receipts.
3. Submit to Committee Chairperson or designated Staff Person for approval.
4. Place in Director of Financial Ministries' box labeled "Vouchers and Bills to be Paid".

Date: \_\_\_\_\_ Amount: \$\$ \_\_\_\_\_

Payee Name: \_\_\_\_\_

Address where check is to be mailed: \_\_\_\_\_  
\_\_\_\_\_

Reason for Expenditure: \_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_

Committee Name: \_\_\_\_\_ Budget Acct No. \_\_\_\_\_

Signature of Committee Chairperson or designated Staff Person: \_\_\_\_\_

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