

Ninth Episcopal District WMS
African Methodist Episcopal Church

VOUCHER

___ Prepayment – Please attach quote(s)

___ Reimbursement/Payment – Please attach receipt(s)

Date: _____

Requested by: _____

Purpose: _____

CashApp: _____ Amount: \$ _____

Credit Card Amount: \$ _____

Check #: _____ Amount: \$ _____

Make Check Payable to: _____

Address: _____

City, State, Zip: _____

Check Disbursement:

___ Mail

___ Return to Requestor

___ Specify _____

Budgeted Item: _____ (Yes or No)

Approved by:

President/Supervisor: _____