



Purchase/Payment Request Voucher

Instructions:

Organization/Authorized Signature required below.

Copy of original invoice/receipt must be attached.

PAYMENT INFORMATION

AMOUNT: \$ DUE DATE:

PAYABLE

Pick-up at Church: Yes ☐ No ☐

Is the following address a new address for this vendor? Yes ☐ No ☐

ADDRESS:

Is this payment required by a contractual agreement? Yes ☐ No ☐

FOR A NEW VENDOR, A W-9 MUST BE ATTACHED TO THE VOUCHER AND THE CONTRACT, IF APPLICABLE. A CHECK CANNOT BE ISSUED WITHOUT THESE ITEMS.

Purpose:

Budget Line-Item Number:

REFER TO THE BUDGET FOR THE APPROPRIATE LINE-ITEM NUMBER

Requestor: Date:

Approved by: Date:

Bank Account Number:

GL Account Number: Amount: