Payment Voucher

FAITHCHURCH

1800 12TH STREET SW AUSTIN, MN 55912
WWW.FAITHCHURCHAUSTIN.ORG
(507) 437-1000

Check #

This check should be paid to:

_____

Address:

_____

_____

DATE	DESCRIPTION	ACCOUNT	AMOUNT
		Total	

_____ _____
Your Signature Date

_____ _____
Approval by Committee Chair or Staff Member Date

Please attach all receipts to the **back** of this form.
No payments will be made without the signature of the appropriate committee chairperson or staff member.