

AUTHORIZATION FOR PAYMENT VOUCHER

Vendor _____ Date of Request _____

Address _____ Date Needed By _____

Invoice No. (s) _____ Date of invoice _____

Special Instructions _____

Explanation _____

Amount \$ _____ Account No. _____ Program _____

Authorized by Church Council Date _____

Budget expenditure

Requested by _____

Approved by _____ Date paid _____ Check No. _____

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