

PURCHASE VOUCHER

Please fill in all information, including "budget line item". If payment is to be mailed, include an address.

DATE OF PURCHASE/REQUEST: _____

PURCHASE/REQUEST MADE BY: _____

PAYMENT MADE TO:

(include address if payment is to be mailed)

CHECK ONE:

_____ Church Debit/Credit Card Last 4# _____

_____ Billed to Church Account

_____ Pay Vendor from attached Invoice

_____ Check/Payment Request Mail ___ Pick Up ___

_____ Reimburse to: _____

If reimbursement is to be mailed, include address:

BUDGET LINE ITEM	QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
NOTES:	TAX			
	SHIPPING			
	TOTAL:			

Your Signature _____