

PAYMENT VOUCHER
Union Congregational Church

Pay to: _____ Date: _____

Address: _____

_____ Amount: \$ _____

Description/For: _____

Department: _____

Account Name/#: _____

Requested by: _____

Payment Authorized: _____

(Team Chair, Officer, Staff) _____

Payment Reviewed by: Check Signer: _____

Date Paid: _____ Check #: _____

On-Line Officer: _____ Date: _____