Kennesaw United Methodist Church PAYMENT VOUCHER

DATE_		-	
Budget Li	ne Item Name		
Line Item Number		Amount \$	
Budget Li	ne Item Name		
Line Item Number		Amount \$	
Budget Li	ne Item Name		
Line Item Number		Amount \$	
General Descript	ion of Purchases or Services Re	ndered	
	Invoice to be Received from Sup Supplier Name	plier or Attached	
	Purchased with Church Credit Ca Supplier Name	ard (Receipt Attached)	
	Reimburse Cash (Receipt Attache Make check out to	ed)	
	Deposit or Payment Due Make check out to		
Requestor Name	Comi	nittee Head Signature	
	Financial Office	Use Only	
Account Nam	ne		
Account Nun	nber		
Date Paid	Chec	k Number	