

## SUMTER BAPTIST ASSOCIATION VOUCHER

I. Date Requested \_\_\_\_\_ Date Needed \_\_\_\_\_ Date Received \_\_\_\_\_

II. Ministry \_\_\_\_\_ Requestor \_\_\_\_\_

Return by Mail \_\_\_\_\_ Pick up at Office \_\_\_\_\_

### Payee/Payees

1. Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Purpose \_\_\_\_\_

2. Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Purpose \_\_\_\_\_

3. Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Purpose \_\_\_\_\_

4. Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Purpose \_\_\_\_\_

5. Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Purpose \_\_\_\_\_

6. Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Purpose \_\_\_\_\_

7. Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Purpose \_\_\_\_\_

III. Total Amount Requested \_\_\_\_\_ \$ \_\_\_\_\_

NOTE: Reimbursement (Please attach receipts)

Approval \_\_\_\_\_

(Moderator/Ministry President/Designee)

### For Office Use Only

Insufficient Funds

Approval Signature

Receipt for Reimbursement

Delay Until

Other

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Check/Check Number(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Issued by: \_\_\_\_\_

Signature

Title

Date