

ST. DAVID LUTHERAN CHURCH
AUTHORIZATION FOR PAYMENT VOUCHER

DATE REQUESTED: _____

PLEASE PAY TO: _____

MAILING ADDRESS: _____

AMOUNT TO PAY: _____ ACCOUNT # /
INVOICE # _____

PAYMENT FOR: _____

REQUESTED BY: _____
(Print Name)

COMMITTEE: _____
(Print Name; if applicable)

APPROVED BY: _____
(Signature / Printed Name)

DATED SIGNED: _____

To Be Completed By Assistant To The Treasurer

BUDGET LINE ITEM: _____

DATE PAYMENT ISSUED: _____

DATE CLEARED: _____

BILL PAY REFERENCE #: _____

CHECK # (if applicable): _____