

*St. Paul CME Church
1601 Barnard Street
Savannah, GA 31401
(912) 233-2849*

VOUCHER REQUEST FORM

Date of Request: _____

Ministry/Organization Requesting: _____

Purpose of Request: _____

Amount Requested: _____

Date Funds Needed: _____

Individual Submitting: _____

Documents Attached? Yes _____ No _____

Make Check Payable to: _____

Approved by: _____

Organization/Ministry: _____

Treasurer/Asst. Treasurer: _____

FOR TREASURER'S USE ONLY

Date Paid: _____

Check Number: _____

Account: _____

Paid By: _____

Please return receipts and unused funds to the finance committee within 2 weeks.