

Chapel in the Pines Presbyterian Church
DISBURSEMENT VOUCHER

revised 2017 JAN

Use this form for payment of invoices and for reimbursement of expenses incurred on behalf of the church.

date submitted (mm/dd/yyyy):

payment due date (mm/dd/yyyy):

vendor name (check payable to):

reimbursement: yes no

address to which check should be mailed (complete only if new vendor or change of address):

invoice total:

invoice number:

description (include church account number to be used if known):

(By signing this form you are confirming that the goods or services were received and the price is correct.)

goods/services received by: _____

payment approved by: _____

approved by Office Manager: _____

below this line for Finance Office use only

| vendor # | chart of acct. | amount | description |
|----------|----------------|--------|-------------|
| | | | |
| | | | |
| | | | |

approved by: _____ date: _____

check number: _____ date paid: _____