

Metropolitan Baptist Church

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VOUCHER

Name of Requesting Party _____	Dept. or Ministry _____
Date _____	NEED BY: _____
Pay to: _____	Check # _____
Address: _____	SOCIAL SECURITY # _____ - _____ - _____
City, State & Zip Code _____	

CHECK THIS BOX IF YOU WANT CHECK MAILED BY TREASURER

RECEIPTS OR SALES SLIPS MUST BE INCLUDED FOR PAYMENT OR REIMBURSEMENT.

ACCT. REF #	UNIT PRICE	DESCRIPTION	AMOUNT	

APPROVED by:

Chairman of Deacon Board	Chairman of Trustee Board
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Remarks and/or Conditions of Approval	Treasurer	Pastor