

SDA CHURCH
JOURNAL PAYMENT VOUCHER
EXPENSE/ REIMBURSEMENT REQUEST

NAME : _____ **DEPARTMENT:** _____

DATE : _____ **AMOUNT:** _____

Please issue the check payable to: _____

Description: _____

BOARD ACTION # _____

AUTHORIZATION: _____ (Pastor)

_____ (Head Elder)

_____ (Dept. Leader)

*** Without completing the above information and without having
invoices/receipts, the treasury department cannot issue a check**

Please do not write in shaded area. For treasurer's use only

DATE: _____

CHECK NUMBER: _____

Account#: _____ **Account Name:** _____ **Amount:** _____

Account#: _____ **Account Name:** _____ **Amount:** _____

Account#: _____ **Account Name:** _____ **Amount:** _____

Account#: _____ **Account Name:** _____ **Amount:** _____

TOTAL DISBURSEMENT

Treasurer's Signature