



BLD TRENTON

VOUCHER

CHECK PAYMENT REQUEST

Date: _____

Amount: \$ _____

PAYEE:

(PRINT PLEASE) (First Name) (Last Name)

PURPOSE: (please attach receipts) Food Supplies Prof Svcs.

Venue Other (specify) _____

MINISTRY APPROVAL: Intercessory Jeremiah Mark 10

MLA Pastoral Praise Secretariat Service Single Teaching

Treasury Youth Crossing Youth Other (specify) _____

(Coordinator Printed Name)

(Signature)

CORE APPROVAL: required for vouchers w/out receipts.

(For \$500.00 or over two (2) Core signatures required)

(CORE PRINTED NAME)

(SIGNATURE)

(CORE PRINTED NAME)

(SIGNATURE)

Check #: _____ Date issued: _____