

Disbursement Request/Payment Voucher

Westminster United Methodist Church
 162 E. Main Street
 Westminster, MD 21157
 Tax Exempt Cert. #29028256

Date: _____

Vender/Payee: _____

Address: (required) _____

Date Rec'd	
Date Pd.	
Check #	

Person Submitting Request: _____

Reimbursements/Payments must be accompanied by the original receipts and/or appropriate supporting documentation.

Committee or Area Budget	Account Number (or Account Name)	Description	Amount
<i>e.g. Preschool</i>	<i>e.g. Classroom Exp. (or 5.591.126)</i>	<i>e.g. ABC cut-outs for bulletin board</i>	<i>32.99</i>

(If additional lines are needed, please use reverse side of Form)

Voucher Total: _____

Committee Approvals:

If more than one committee's budget is affected, approval should be obtained by all the respective Committee Chairs;

 Authorized Signature/Committee Chair

 Title

 Authorized Signature/Committee Chair

 Title

 Authorized Signature/Committee Chair

 Title