

**Trinity United Methodist Church
Check Request/Disbursement Voucher**

Check No. _____

Date: _____

Total Amount: _____

Check here if this is charged to the Church Credit Card and include the Vendor Name below

Make check payable to _____

Address _____

Expense Account(s) and Name(s) to be charged:

	Account Number/Name	Amount	Description
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Requested by _____

Approved by _____

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