

First Congregational, United Church of Christ

Office Use Only
VR#:

2021 Check Voucher Request Form

Please place in **Treasurer's box** with the original receipts or any other necessary documentation for reimbursement/payment attached. Please make a copy of all receipts and any other necessary documentation for your records.

Voucher Submission Date: _____ Amount: _____

Voucher for: (Check one) Reimbursement _____ Payment _____

Check Payable to: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Reason for Reimbursement/Payment: _____

Person submitting Voucher Request: _____ Contact number: _____

Committee Submitting this Voucher Request for: _____

Signature of Committee/Board chair or treasurer: _____
All individual vouchers must receive the approval from and be submitted with a signature of a Committee/Board chair or treasurer. Any voucher failing to have the signature of a Committee/Board chair or treasurer will be returned to the person submitting voucher.

Signature of Committee/Board chair or treasurer _____

Date _____

<u>Office Use Only</u>	<i>Exp. Acct.:</i>	<i>Payment Acct.:</i>
Approved Posting Date/ IN:		General: 1000
Posted Date/IN:		Spec. Fund:

Office Use Only

Notes: _____

Fill in the appropriate information below. At the time a check is mailed the bottom stub will be placed in your committees mailbox.

Committee Name: _____ Request Submitted by: _____

Reimbursement/Payment for: _____ Amount: _____

Office Use Only:

Date/IN check was mailed: _____ Amount: _____

Notes: _____ VR#: _____