



# 1st Congregational UCC

Opening the Doors of Possibility

An Open & Affirming Church



Office Use Only  
VR#:

## 2026 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: \_\_\_\_\_

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Approved Posting Date/ IN: \_\_\_\_\_

Posted Date/IN: _____	Exp. Acct.: _____	Payment Acct.: _____
		General: 1000

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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: \_\_\_\_\_

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Date/IN check was mailed: \_\_\_\_\_ Amount: \_\_\_\_\_

Notes: \_\_\_\_\_ VR#: \_\_\_\_\_