

ANDREWS CHAPEL UNITED METHODIST CHURCH

VOUCHER REQUEST FORM

Date of Request: _____

Work Area/Organization Requesting: _____

Purpose of Request: _____

Amount Requested: _____

Date Funds Needed: _____

Individual Submitting: _____

Submitter's Phone #: _____

Documents Attached? ☐ Yes ☐ No

Make Check Payable to: _____

Approved by: _____

Work Area Chairperson: _____

Church Council Chairperson: _____
(For Council Ministries only)

Finance Chairperson: _____

FOR TREASURER'S USE ONLY

Date Paid: _____

Check Number: _____

Account: _____

Paid By: _____

Amount Budgeted: \$ _____

Amount Unused: \$ _____

Amount Requested: \$ _____

Amount Remaining: \$ _____

**PLEASE RETURN RECEIPTS AND UNUSED FUNDS TO THE FINANCE
COMMITTEE WITHIN 2 WEEKS.**

**Work Area Chairpersons are to email this signed form to Frenda A. Norwood at
norw7785@bellsouth.net.**