

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: _____

Lay Leader/Associate Lay Leader: _____
(For Council on 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.**

[Email to: Work Area Chairperson, and Finance Chair](#)

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