

...helping people win in life!

CELEBRATION CHURCH

City of Champions



Columbia

FINANCIAL TRANSACTION VOUCHER

REQUESTOR NAME(S): _____ DATE: _____

REQUESTOR EMAIL: _____ PHONE: _____

MINISTRY/DEPARTMENT: _____

AMOUNT REQUESTED: _____

MAKE CHECK PAYABLE TO:

DISBURSEMENT METHOD:

NAME: _____

ADDRESS: _____

REASON FOR PAYMENT:

NOTE: ALL EXPENDITURES MUST BE PREAPPROVED. PLEASE ATTACH ALL RECEIPTS AND/OR APPROVED INVOICES. CHECKS ARE DISBURSED ON, OR ABOUT, THE 15TH AND LAST DAY OF THE MONTH. APPROVED REQUEST MUST BE SUBMITTED 10 BUSINESS DAYS PRIOR TO THE DATE PAYMENT IS REQUIRED.

MINISTRY LEADER/REQUESTOR: I HAVE READ AND AGREE TO THE ABOVE STATEMENT.

SIGNATURE: _____ Print Name: _____

Approval of person responsible for this budget category

APPROVED _____ DISAPPROVED _____

_____ COVERING PASTOR/COVERING LEADER

_____ DATE

APPROVED _____ DISAPPROVED _____

_____ CONTROLLER

_____ DATE

FOR ACCOUNTING USE ONLY

VENDOR ID:

G/L ACCOUNT: