

Watts Chapel Missionary Baptist Church Advance N

3703 Tryon Road, Raleigh, NC 27606

VOUCHER FORM

Advance

Credit Card last four digits: _____

Invoice

Reimbursement

Store Account

Ministry: _____

Pay to: _____

Address: _____

Invoice #: _____

Are these funds for Missions? Yes No

Are these Pass Through Funds? Yes No

Do you want us to: Mail check Place check in Stewardship Mailbox

Mail payment to (if different from address above):

Address: _____

Approved _____

Declined _____

Ministry Account Number: _____

Ministry Account Name: _____

YTD Expenses \$ _____

Annual Budget \$ _____

Check Date _____

Check Number _____

Check Amount \$ _____

Processed by: _____

Disposition Date: _____

Disposition of Check:
 Church Office Ministry Mailbox
 Stewardship Mailbox U. S. Mail

PURCHASE DESCRIPTION	ACCOUNT NUMBER	AMOUNT
		\$
VOUCHER TOTAL		\$

Explanation/Justification/Comments:

Signature of Ministry Leader _____

Date _____

Signature/Approval-Treasurer/Assistant Treasurer _____

Date _____

Signature/Approval-Pastor or Chairman of Deacons _____

Date _____

Stewardship Ministry use only: