

**Trinity Church of New Cumberland Pennsylvania
Check Request/Disbursement Voucher**

Check No. _____

Date: _____

Total Amount: _____

Check here if this is charged to the Church Credit Card and include the Vendor Name below

Make check payable to _____

Address _____

Expense Account(s) and Name(s) to be charged:

| Account Number/Name | Amount | Description |
|---------------------|--------|-------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

Requested by _____

Approved by _____

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