

PAYMENT AND REIMBURSEMENT VOUCHER

1. Fill out completely and sign.
2. Attach copies of any pertinent information and/or original receipts.
3. Place all copies in the mailbox of Director of Finance.

Please pay the following:

Company / Individual Name: _____

Address: _____

Phone Number: _____

ITEM	DESCRIPTION	QUANTITY	PRICE/UNIT	TOTAL

TOTAL _____

Date of Request _____

Date Required _____

Name of individual/group: _____

Messiah Budget Account: _____

(Purchase/reimbursements will not be processed without accurate account numbers)

Disposition of Check: ___ Mail __ Pick-up By: _____

By submitting this voucher, I/group accept responsibility for the above-listed items and their subsequent charges should this order not be approved by the Committee or Staff.

Approval Signature: _____

Printed Name of Person Approving: _____

OFFICE USE ONLY	
Purchase Order Received: _____	Items Ordered: _____
Items Received: _____	Check Number: _____
Treasurer's Authorization: _____	Date: _____