

**THE UNITARIAN CHURCH OF HARRISBURG
DISBURSEMENT VOUCHER**

DATE: _____

Please issue payment in the amount of \$ _____

Payable to:

NAME _____

STREET _____

CITY, STATE, ZIP _____

For Treasurer's use only Date paid _____ Check # _____
--

Item	Amount	Budget account to be charged
Total amount Please attach receipts, invoices or other appropriate documents supporting the requested payment		AUTHORIZED BY: _____

COMITTEE CHAIRPERSON / CHURCH
ADMINISTRATOR / MINISTER / OFFICER / MUSIC
AND RE DIRECTORS

Submit completed form to Church Administrator (mail slot located at church).

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