

*New Hope Lutheran Church*

8575 Guilford Road  
Columbia, MD 21046  
410-381-4673

**PAYMENT VOUCHER**



Date: \_\_\_\_\_

Make Check Out To:

Submitted By: \_\_\_\_\_

Name: \_\_\_\_\_

Ministry Team: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_  
*(Chairperson or Council Liaison)*

Phone: \_\_\_\_\_

Updated 5/11

Budget Line Number and Name or Designated Account Name	Reason For Purchase	Amount

Notes:

**Total Amount Of Payment:**

**Instructions:**

- 1) Fill out this payment voucher completely.
- 2) Attach all receipts. If no receipt, provide explanation.
- 3) The form must be signed by the Ministry Team Chairperson or Council Liaison to the team. The authorized signature cannot be the same as the person to whom the check is made payable.
- 4) Place completed form in the Finance Administrator's (Carol Farrar) mailbox.