

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: _____

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 mailbox.