St. Benedict's
EPISCOPAL CHURCH

Accounts Payable
Check Request Voucher

Payable to:

Name:	
Address:	
City, State, Zip:	
Phone:	
Email:	

Store	Acct. Number *(in house)*	Amount
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
	Check Total	$

Purpose:	Date Needed:

Requested By: _____

Please attach documents/receipts of all expenditures. *Note: your documents/receipts may not have personal items listed with items bought for purposes of reimbursement.*

2160 Cooper Lake Road, Smyrna, GA 30080,
Phone: 678-279-4300   Fax: 678-279-4309

PAYMENT APPROVAL
Received: (filled in by Betsy): _____
* the rest gets filled out by assigned person
Amount to pay: _____
Account number: _____
Purpose of expense: _____
Initials and date: _____
Or
If covered by Email, Betsy's initials and date: _____