

**St. Paul CME Church**

**1601 Barnard Street**

**Savannah, GA 31401**

**(912) 233-2849 Phone (912) 233-2849 Fax**

**Rev. Dr. Da’Henri R. Thurmond, Sr. - Pastor**

Voucher Request Form

Date of Request: Click or tap to enter a date.

Ministry / Organization Name: Click or tap here to enter text.

Purpose of Request: Click or tap here to enter text.

Amount Requested: Click or tap here to enter text.

Date Funds Needed: Click or tap to enter a date.

Individual Submitting: Click or tap here to enter text.

Documents Attached? [ ]  Yes [ ]  No

Make Check Payable to: Click or tap here to enter text.

Approved by: Click or tap here to enter text.

Organization/Ministry: Click or tap here to enter text.

Treasurer / Asst. Treasurer: Click or tap here to enter text.

**FOR TREASURER’S USE ONLY**

Date Paid: Click or tap to enter a date.

Check Number: Click or tap here to enter text.

Account: Click or tap here to enter text.

Paid By: Click or tap here to enter text.

**Please return receipts and unused funds to the finance committee within 2 weeks.**