

Payable To: _____ (Name of Payee)
 Address: _____ (Address of Payee)
 _____ (City, State Zip)

CAFETERIA VOUCHER

 Name of Church

 Address of Church

 City, State Zip

I.D. # _____ VO# _____

Date	Amount of Payment	Individual's Name	Reason
1-15-00	45.00	John Disciple	Doctor's Visit

TOTAL: \$ 45.00

Additional Description:	Special Instructions:

Requisitioned By: (Signature of person requesting payment) Date: (Date of Request)

Authorized By: (Signature of person authorizing payment) Date: (Date Approved)

Payable To: _____
 Address: _____

CAFETERIA VOUCHER

I.D. # _____ VO# _____

Date	Amount of Payment	Individual's Name	Reason

TOTAL: \$ _____

Additional Description:	Special Instructions:

Requisitioned By: _____ Date: _____

Authorized By: _____ Date: _____