

Tyler Christian Fellowship Financial Voucher

Fund	Ministry	Account	Amount
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Total Amount \$ _____

Request:

reimbursement
 apply as contribution

Submitted by (please print) _____

Approved by
 Ministry Leader (signature) _____

Purpose _____

Date ____/____/____ Submitter Signature _____

Attach receipt to voucher, submit to church secretary for processing.

Office Use:

Date Voucher enter in system: _____

Check Issued: No Yes Check Number: _____