|  |  |  |  |
| --- | --- | --- | --- |
| **MERCHANT:** |  | **MINISTRY TEAM:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITEM:** |  | **BUDGET LINE ITEM:** |  | **COST:** |  |
| **ITEM:** |  | **BUDGET LINE ITEM:** |  | **COST:** |  |
| **ITEM:** |  | **BUDGET LINE ITEM:** |  | **COST:** |  |
| **ITEM:** |  | **BUDGET LINE ITEM:** |  | **COST:** |  |
|  |  |  |  |  |  |
|  |  |  |  | **TOTAL:** |  |

|  |  |
| --- | --- |
| **DESCRIPTION OF ITEM** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PURCHASED/ORDERED BY:** |  | **DATE:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PLEASE CHECK THE APPROPRIATE BOX FOR TREASURER TO PROCESS INFORMATION:** | | | | |
|  | Reimburse amount to |  | | for attached receipt/voucher |
|  | Invoice will be sent to the church | | | |
|  | Pay $ amount indicated on attached invoice/receipt | | | |
|  | Paid on Church Credit Card under the name of | |  | |
|  | I have purchased this item(s) for the church and do NOT wish to be reimbursed for it. | | | |

|  |  |  |
| --- | --- | --- |
| **Date to Chair:** | Click or tap to enter a date. | |
| **Date to Treas:** | Click or tap to enter a date. | |
| For Office Use Only | |  |

|  |  |  |
| --- | --- | --- |
| **Team Chairperson Signature** | |  |
| **Date** |  |

|  |
| --- |
| **\*All vouchers must have chairperson’s signature.** |