

Category: _____ Section: _____

Details of Disbursements

	Item Description	Charge to Account#	Amount
①		
②		
③		
④		
⑤		
⑥		

Amount of check requested _____

Date (mm/dd/yyyy): _____

Check Requested by: _____

Pay to: _____

Within Budget: _____ Yes _____ No

Approved by (signature): _____

- ❖ Prepare separate voucher for each Ministry Team.
- ❖ All requests for disbursements must be accompanied by vendor invoices or payment record unless special arrangements are made with Finance Team.



Finance Team Use Only

Check Number: _____

Date: _____

Amount: _____

Budget checked by: _____

If no receipt, please explain:

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