

Dupont Park Seventh-day Adventist Church  
Request for Funds Voucher

Check Number: \_\_\_\_\_

Check Payable to: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose: \_\_\_\_\_

<u>Charge Acct. Code</u>	<u>Departmental Name</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Check Receive by: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

Requested by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Mailed:  Date: \_\_\_\_\_

Return to:  \_\_\_\_\_

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_____	_____	\$ _____
_____	_____	\$ _____

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(Signature)

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Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Mailed:  Date: \_\_\_\_\_

Return to:  \_\_\_\_\_