

**Trinity United Methodist Church**

**847 Tenth Avenue, Brackenridge, PA 15014**

**(724) 224 – 7300**

## **PAYMENT VOUCHER**

**Date Submitted:** \_\_\_\_\_

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

**Payment to:** \_\_\_\_\_

(Person or company receiving payment)

**Amount:** \_\_\_\_\_

**Purpose/Description:** \_\_\_\_\_

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

Signed

\_\_\_\_\_  
Committee, Person, or Group