

Fifth Episcopal District Lay Organization

Simeon Rhoden, President

PAYMENT VOUCHER REQUEST

DATE: _____

Payee: _____ Phone Number: _____

Requested by (if different than Payee): _____

Mailing Address: _____

Item Description:

1. _____	\$ _____.
2. _____	\$ _____.
3. _____	\$ _____.
	\$ _____.

Total Amount Requested:

Receipt(s) attached: _____ Y _____ N

Judith Bradley, Financial Secretary
35507 Azalea Cir
Winchester, Ca. 92596

Florette Hampton, Treasurer
8573 Park Lane
St. Louis, MO 63147

Simeon Rhoden, 5th Episcopal District President

For office use only

1. Budget account # _____

2. Budget account # _____

3. Budget account # _____

Date Paid: _____

Voucher and Check #: _____ Credit Card # _____

Payment received by or mailed to: _____
