

Fifth Episcopal District Lay Organization

Lamar Rose, 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

Florette Hampton, Financial Secretary
8573 Park Lane
St. Louis, MO 63147

Judith Bradley, Treasurer
16040 Potomac Ridge Rd.
#121
San Diego, Ca. 92127

Lamar Rose, 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: _____
