

# ST. LUKE'S EPISCOPAL CHURCH

## Payment/Reimbursement Voucher

Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

Payable to: \_\_\_\_\_

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

Charge Accounts: \$ \_\_\_\_\_ to \_\_\_\_\_

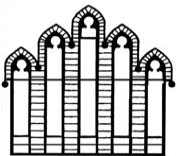
\$ \_\_\_\_\_ to \_\_\_\_\_

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

Prepared by: \_\_\_\_\_

Department/Committee Approval: \_\_\_\_\_

Approval (Rector and/or Warden(s)): \_\_\_\_\_



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