

Grace Episcopal Church Operating Account Voucher

(Please print all information)

Budget Category: _____

Pay to: (Complete mailing address if check is to be mailed)

Amount: \$ _____ Final Payment: yes _____ no _____ Balance: \$ _____

Product or Service: _____

Budgeted for Current year: yes _____ no _____ (this must be completed)

Request initiated by: _____ Date: _____

Authorized by: _____ Date: _____

Comments: _____

