

**MSBC VOUCHER
CHECK REQUEST /CREDIT CARD PAYMENT**

Department: _____ Ministry: _____

Check requester: _____ Date: _____

Mail Check to: _____

Make Check Payable to: _____ Date needed: _____

Address: _____ Phone: _____

Credit Card Payment: _____ Date: _____

Item/Purpose of Expenditure	Place of Purchase	Amount
	Total:	

(Receipts should be attached, and sales tax will not be reimbursed)

<p><u>Finance's Approval Notes:</u></p> <p>Date Invoice Received: _____</p> <p>Date Approved: _____ Paid: _____</p> <p>Credit Card Pymt: _____</p> <p>Check Number: _____</p> <p>Amount of Check: _____</p>

Remarks:

Requester Signature: _____ Date: _____

Ministry Leader Signature: _____ Date: _____

Department Director Signature: _____ Date: _____

Finance Signature: _____ Date: _____

Attach receipt(s)