

Duke Memorial United Methodist Church
Disbursement Voucher

DATE OF REQUEST: _____

TOTAL AMOUNT: _____

PAYABLE TO: _____

ADDRESS: _____

COMMENTS/SPECIAL HANDLING:

DESCRIPTION OF EXPENSE: _____

ACCOUNT DISTRIBUTION:

ACCOUNT NAME	ACCT CODE	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
SALES TAX--Durham Co. 7.5%	<u>1503</u>	_____
SALES TAX--Food 2.0%	<u>1502</u>	_____
SALES TAX--Other	_____	_____
TOTAL AMOUNT:		<u>_____</u>

NOTE: Please summarize any sales tax on the indicated line(s) above. **Attach receipts showing sales tax.**

REQUESTED BY: _____

STAFF APPROVAL: _____