

Duke Memorial United Methodist Church
Disbursement Voucher

DATE OF REQUEST: _____

PAYABLE TO: _____

ADDRESS: _____

INVOICE NUMBER: _____

COMMENTS/SPECIAL HANDLING

INVOICE AMOUNT: _____

INVOICE DUE DATE: _____

INVOICE DATE: _____

DESCRIPTION OF SERVICE: _____

ACCOUNT DISTRIBUTION

<u>ACCOUNT NAME</u>	<u>ACCOUNT NUMBER</u>	<u>AMOUNT</u>
SALES TAX 7.75%	1507	
SALES TAX 2.0%	1502	
TOTAL AMOUNT		

NOTE: Please summarize any sales tax on the indicated line(s) above. Attach receipts showing sales tax. Reimbursements to individuals do not need to break out sales tax. Enter total reimbursement on Total Line

REQUESTED BY: _____

STAFF APPROVAL: _____

x.
e.