

VOUCHER

CHRIST THE KING LUTHERAN CHURCH
111 WEST MAGNOLIA ROAD
SALINA, KS 67401

(Do items need to be ordered? YES / NO)

DATE: _____

CHECK TO: _____

(address if needed:) _____

(If check is to VISA, where was charge made?) _____

<u>DESCRIPTION OF ITEMS</u>	<u>(UNIT PRICE)</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL : _____

MINISTRY PLAN CLASSIFICATION: ACCOUNT #: 01-1110 _____

ACCOUNT #: _____

PURCHASED / REQUEST BY: _____

OR REVIEWED BY: _____

(ATTACH CHECK STUB HERE)

DEBIT DATE: _____

DEBIT AMT: _____

(_____ of _____)