

St. Paul's Episcopal Church
Accounts Payable Voucher

Vendor Name _____ Tax ID/SS# _____

Address _____

Description _____

Account # _____ Amount _____

Description _____

Account # _____ Amount _____

Total \$ _____

Authorized by _____

Date _____

Check to be: Mailed Picked up

(OFFICE USE ONLY)

Vendor _____

G/L a/c# _____

Eff. 11/2008

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