



Fourth District Missionary Baptist Association

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Dr. Rene' F. Brown, President

VOUCHER

Date: _____

Ministry Name: _____

Request is hereby made by _____

For the amount of \$ _____ for the following expenses:

Description:

Please make check payable to: _____

Vendor Name: _____

Requestor Signature: _____

Approved by: _____

Check #: _____ Date: _____

***** Please attach all invoices and/or receipts.**