SAINT MARY CHURCH
24 DODGINGTOWN ROAD
BETHEL, CT 06801

PAYMENT VOUCHER REQUEST FORM

Date_____

Vendor/Payee Name_____

Address_____

Address_____

Total of Invoice:_____

$ Amount	Description	Dept/Ministry	G/L Acct #

Requested By_____

Approval of Program Manager_____

Approval of Pastor_____

*Invoices/Receipts must accompany all requests