

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

ACCOUNT NAME	ACCOUNT NUMBER	AMOUNT
SALES TAX--Durham Co. 7.5%	1503	
SALES TAX--Food 2.0%	1502	
SALES TAX--Other		
TOTAL AMOUNT		

NOTE: Please summarize any sales tax on the indicated line(s) above. Attach receipts showing sales tax.

REQUESTED BY: \_\_\_\_\_ STAFF APPROVAL: \_\_\_\_\_