



St. James Baptist Church

Reverend Kevin L. Sykes, B.A., M.Div, Senior Pastor

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VOUCHER REQUEST

Date Submitted: _____ Date Needed: _____

Request For Check

Request For Reimbursement
(Receipts Must Be Attached)

Transfer of Funds (Internal Use Only)

Amount _____ Account No. _____

Make Check Payable To: _____

Address: _____

Mail Written Check To: _____

Telephone No. _____

DO NOT MAIL - Return Written Check To: _____

Telephone No. _____

Reason For Check/Payment _____

Receipt(s) Attached ***If Not, Give Reason: _____

Invoice Attached ***If Not, Give Reason: _____

Organization: _____

Requested By: _____ Phone No. _____
(Signature)

Authorized By: _____ Phone No. _____
(Signature)

Comments: _____

For Office Use Only

Need Receipt(s)

Need Approval For Payment

Need Pastor's Signature

Other

Need Information Circled Above

Account No. _____

*** If No Receipt, Payment Must Be Authorized By _____
(Pastor Sykes/Trustee Oscar Kimbrough) (Signature)