

**Littlefield Presbyterian Church (USA)**

7560 Littlefield Blvd., Dearborn, MI 48126

Voucher

Date: \_\_\_\_\_

Reimburse \_\_\_\_\_

(Person/Company to whom check is written)

Committee \_\_\_\_\_

Account Name \_\_\_\_\_

Description	Total
_____	_____
_____	_____

Chairperson Signature \_\_\_\_\_

(Reimbursed party cannot be authorized signature; another committee member signature then required.)

**OFFICE USE ONLY**

Check #

Amount \$

Check Date

vouchers 2003

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