

CARTER TEMPLE C.M.E. CHURCH

7841 SOUTH WABASH AVENUE – CHICAGO, ILLINOIS 60619

PHONE: 773-874-0175 FAX: 773-874-8620

REV. DR. JOSEPH GORDON, PASTOR

PURCHASE VOUCHER

VOUCHERS MUST BE SUBMITTED NO LATER THAN TWO WEEKS BEFORE NEEDED

PREFERRED METHOD TO SUBMIT FORM is via INTERNET

FORM IS AVAILABLE in PDF FORMAT ON THE CHURCH WEBSITE www.ctcme.org

E-MAIL TO finances.ctcme@gmail.com

OR SUBMIT TO CHAIRMAN OF STEWARD BOARD

DATE VOUCHER WAS SUBMITTED _____

NAME (MINISTRY, ORGANIZATION, AUXILIARY) _____

PURPOSE OR USE _____

AMOUNT OF MONEY NEEDED \$ _____ DATE NEEDED _____

IS THIS REQUEST FOR FOOD EXPENSES? YES ☐ NO ☐ NUMBER OF CONFIRMED ATTENDEES _____

ITEMIZE ITEMS TO BE PURCHASED

DESCRIPTION OF PURCHASE ITEM	QUANTITY	PRICE PER ITEM	COST
TOTAL COST OF PURCHASE			\$
ITEMS			

AFTER PURCHASES HAVE BEEN MADE, E-MAIL SCANNED PURCHASE RECEIPTS WITH YOUR COPY OF THE ORIGINAL PURCHASE VOUCHER TO
finances.ctcme@gmail.com

MAKE CHECK PAYABLE TO: _____

ADDRESS _____

HOME PHONE # _____ CELL PHONE # _____

PURCHASE VOUCHER RECEIVED BY: _____ DATE _____

APPROVAL SIGNATURE OF PASTOR

DATE