**PAYMENT VOUCHER**

**IOWA DISTRICT EAST – LCMS**

|  |  |  |
| --- | --- | --- |
|  | **DATE:** |       |
| **P****AY TO:** |       |
| **A****DDRESS:** |       |
| CITY, STATE ZIP: |       |
| **TOTAL AMOUNT:** | $0.00 |
| **RESPONSIBLE BUDGET:**  |       |

For payment of the following items:

|  |  |
| --- | --- |
| **Description (describe expense)** | Amount |
|       |       |
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|       |       |
| TOTAL =  |       |

|  |  |
| --- | --- |
| **Requested by:** |        |
| **Approved:** |  |  |  |
|  |  |  | *Date* |

Iowa District East – Lutheran Church Missouri Synod

1100 Blairsferry Road ⬝ Marion, IA 52302

(319) 373-2112