



PAYMENT VOUCHER IOWA DISTRICT EAST – LCMS

DATE: _____

PAY TO: _____

ADDRESS: _____

CITY, STATE ZIP: _____

TOTAL AMOUNT: _____

RESPONSIBLE BUDGET: _____

Request payment to an external entity such as a vendor, service provider, speaker, registration fees, etc. Be sure to attach back-up documentation (such as invoices, registration forms, etc.) when appropriate. Please use this form whenever such a request is necessary.

For payment of the following items:

Description (describe expense)	Amount
TOTAL =	

Requested by: _____

Approved: _____ *Date*

Iowa District East - Lutheran Church Missouri Synod
1100 Blairsferry Road • Marion, IA 52302
(319) 373-2112