



St. Cyprian's Episcopal Church

Accounts Payable Check Request Voucher

Payable To:

Name:
Address:
City, State:
Zip:

Account Name	Account Number	Amount

Check Total:

Purpose	
Date Requested:	Date Needed:

Requested By: _____

Approved By: _____
Designated Representative

Approved By: _____
Treasurer

Please Attach Documentation of All Expenditures