ST. CHARLES CONGREGATION
AUTHORIZATION FOR PAYMENT VOUCHER

REQUESTED BY ORGANIZATION NAME Athletic Association

Please pay to: _____

_____
Address

_____

_____
City/State/Zip

Attach original invoices to this voucher **DATE** _____

LOC.	DEPT.	ACCT #	DESCRIPTION	AMOUNT
1 - Church 2 - School 4 - Rel. Ed. 5 - Ad & Fam 6 - Rectory 7 - Hol. Fair	11 - Lit. 22 - Ad & Fam 32 - RE: PS-8 33 - REP 34 - SCH/KN 61 - Adm. 62 - Pastoral 80 - Mince	Please enter the appropriate Acct. # from the parish budget		
FOR OFFICE USE ONLY				
			TOTAL	

Requested by: _____
(please print)

Approved by: _____

Phone # _____