Beacon Unitarian Church

Payment Request Voucher

Committee: _____ Date: _____

Pay To: _____ For: _____

Address: _____ _____

_____ _____

Authorized By: _____

List the Vendors below	Total Receipt Amount	GST Amount Included
Totals		

For Office Use Only

Codes		**Debits**	**Credits**

Cheque Number: _____

Journal Entry # _____ Date: _____

Please list & attach supporting invoices, receipts, etc.

Please ensure that you list the amount of GST included in each invoice.