



宣道會錫安堂
Zion Alliance Church

Payment Voucher

Payee: _____

No: _____

(For Office Use Only)

- Charge to:
- | | | |
|--|--|---|
| <input type="checkbox"/> Pastoral Office | <input type="checkbox"/> General Admin | <input type="checkbox"/> Church Expansion |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Christian Education | <input type="checkbox"/> Outreach / Mission |
| <input type="checkbox"/> Worship | <input type="checkbox"/> English Ministry | <input type="checkbox"/> Children Ministry |

Date (mm/dd/yy)	Nature of Expense	HST	Total Amount (Incl. HST)
Total HST			
Total Cheque Payment			

Date _____

Name of claimer _____

Signature of claimer _____

Approved by _____

For Office Use

Cheque No:

Signature of approver _____

Entered to cash book:

Approval date _____