

**Central Baptist Church
Auxiliary Vouchers
Rev. Ricky R. Ezell, Sr. Pastor**

Date _____

Organization _____ Amount Requested \$ _____

Date Needed _____ Purpose _____

Make Check Payable To _____

(Remember: Receipts/Invoices must be submitted within 3 days of the events)

Signature of Requesting Person: _____

Office Use Only

Authorized By: M.Delores Matthews _____ Date _____

Business Manager

Is further approval necessary Yes No (circle response)

Signature of Rev. Ezell _____ Date _____

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