



TRUE LIGHT MISSIONARY BAPTIST CHURCH

Reimbursement Voucher Anthony F. Halley II, Pastor

Check Number: _____

Check Date: _____

Vendor Information

Please complete all information.

Vendor/Payee: _____

Address: _____

City/State/Zip: _____

Date Due: _____

Amount: _____

Administrative Information

Distribution of Reimbursement: Mail _____ Pick Up _____

Requestor: _____ **Date:** _____

Ministry Leaders: _____ **Date:** _____

PAC Leader: _____ **Date:** _____

Description of Purpose:

All purchases must be made with TLMBC Tax ID #

| A C C T | General Ledger Account Number | Account Description | Amount |
|------------------|-------------------------------|---------------------|--------|
| D E B T | 01- | | |
| | 01- | | |
| | 01- | | |