The Anglican Diocese of South Carolina

Payment Voucher
(Please type or print clearly)

Vendor Information

Vendor Name: _____
(Payable to)

Street Address: _____
_____

City: _____ State: _____ Zip: _____

Taxpayer ID/ SSN: _____

Invoice Information

Invoice #: _____

Invoice Date: _____   Invoice Due Date: _____

Total Invoice Amount: $_____

Detailed Description/Purpose for payment:
_____
_____
_____

Accounts Charged

Dept/Acct #: _____-_____   Amt: $_____   ☐ 1099
Dept/Acct #: _____-_____   Amt: $_____   ☐ 1099
Dept/Acct #: _____-_____   Amt: $_____   ☐ 1099
Dept/Acct #: _____-_____   Amt: $_____   ☐ 1099

Requested By: _____   Approved By: _____

Instructions

- Attach **_original_** invoice. Payment will not be made from statements. If no invoice, submit voucher in duplicate.
- Do **_not_** use this form for expense reimbursements. Instead, use the Expense Reimbursement form.

Special Instructions: ☐ **Hold for pickup**   ☐ **Mail**   ☐ **Print on separate check**

☐ **Other** _____