

Grace Christian Reformed Church  
Chatham, Ontario

## 2018 VOUCHER REQUEST FORM

For Receipt Purposes

(Please complete as applicable)

Order Date: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

	# of sheets	
\$1.00 x 10 = \$10.00	_____ sheets	\$ _____
\$2.00 x 10 = \$20.00	_____ sheets	\$ _____
\$5.00 x 10 = \$50.00	_____ sheets	\$ _____
\$10.00 x 10 = \$100.00	_____ sheets	\$ _____
TOTAL		\$ _____

Please enclose payment for "TOTAL" and place Envelope in Sunday morning "Budget" plate or place in **Teresa Hoesktra's mail slot**. Thank You!