

SHIA ITHNA- ASHERI JAMAAT OF NEW YORK

48-67 58th STREET
WOODSIDE, NY 11377

PAYMENT VOUCHER

Voucher No: _____

Date: _____

Payment to: _____

DEBIT ACCOUNT: (1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____

INV. No.	DATE	DESCRIPTION	AMOUNT
AMOUNT IN WORDS:			

PAID BY CHECK No: _____ PAYMENT AUTHORIZED BY: _____

DATE: _____ PAYMENT APPROVED BY: _____

PAYMENT REQUESTED BY: _____ HON. TREASURER: _____

PAYMENT WILL ONLY BE EFFECTED WHEN ACCOMPANIED WITH APPROPRIATE SUPPORTING INVOICE/RECEIPTS