



New Jerusalem

A church... Walking in Kingdom Authority

Dwayne K. Pickett, Sr., Pastor

MINISTRY VOUCHER REQUEST

MINISTRY: _____

Amount Requested: \$ _____

Date of Request _____ Date of Event _____

REQUESTED BY: _____

E-mail: _____ Phone #: _____

PAYABLE TO: _____

E-mail: _____ Phone #: _____

PURPOSE: _____

IS THE REQUESTED AMOUNT IN YOUR MINISTRY'S BUDGET? __ Yes __ No
Please Return ALL Monies and Receipts within 48 hours of the Event.

Dept Head Signature _____ Date: _____

Executive Head Signature: _____

(All vouchers must have Department Head signature)

(NJC Finance Committee Use Only)

Check Number: _____ Date Issued: _____

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South Campus
1285 Raymond Road
Jackson, MS 39204
T: (601)371-6772 / F: (601)502-0590

MidTown Campus
1110 Noel Street
Jackson, MS 39202
www.NJC-MS.org

North Campus
5708 Old Canton Road
Jackson, MS 39211
T: (601)206-5844 / F: (601)206-5706