

**Cross of Hope Lutheran Church and Schools**

6104 Taylor Ranch Road NW

Albuquerque, NM 87120

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[finance@crossofhope.org](mailto:finance@crossofhope.org)

**PURCHASE VOUCHER**

No. \_\_\_\_\_

(office use only)

CHURCH

SCHOOL

PRESCHOOL

MOPS

Request By: \_\_\_\_\_

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

Account Code:

Amount:


Total Amount:

\_\_\_\_\_

Invoice #

Invoice #

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Invoice #

Invoice #

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Pay To: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Mailing Instructions:**

Mail Check: Yes  No

Place in Church Office Mailbox: Yes  No

Signature:

Approved:

\_\_\_\_\_  
Ministry Chairperson

\_\_\_\_\_  
Finance Ministry

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

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

Instructions or Additional Information: \_\_\_\_\_