

**Clinch Valley Baptist Association, Inc.
Disbursement Voucher**

Request Date: ____ / ____ / ____

Payee _____

Address _____

City _____ State _____ ZIP _____

Amount	Account	Description
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

Requested By: _____

Approval By: _____

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