



A Nazarene Lay Ministry

Paycheck (Work Voucher)

Dates Worked: From _____ To: _____

Name: _____ ROAM #: _____

Address: _____

Ministry Name: _____

Ministry Address: _____

Signature of Director: _____

Signature of Team or Group Leader: _____

**ROAM Member: After you have this signed, please keep form for your own records.



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