

Emory Grove United Methodist Church

EXPENSE VOUCHER

Date Requested	Ministry/Committee Name	Amount Requested			
Purpose					
Requestor's Name (Please Print)	Check One	Receipts are required for ALL expense vouchers submitted			
	<table border="1"> <tr> <td>Reimbursement</td> <td>Advance of Funds</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Reimbursement	Advance of Funds	<input type="checkbox"/>
Reimbursement	Advance of Funds				
<input type="checkbox"/>	<input type="checkbox"/>				
Make check payable to (Please Print)					

AUTHORIZATION NOTE:

Signature of Ministry Leader or Committee Chairperson must be obtained before funds will be disbursed by Finance Treasurer.

Signature of Ministry Leader or Committee Chairperson	Signature of Finance Treasurer
Date	Date

FINANCE USE ONLY:

Applicable Budget Code(s)	Check Number	
Actual Expenditure Amount	Amount of Unused funds Returned	Date Funds Were Returned

ATTACH RECEIPTS

