



EXPENSE VOUCHER

Date Requested		Ministry/Committee Name		Amount Requested
Purpose		Payment Method (check one)		
		Check <input type="checkbox"/>	Debit Card <input type="checkbox"/>	
Requestor's Name (please print)		Transaction Type (check one)		Receipts are required for ALL Expense Vouchers submitted.
		Reimbursement <input type="checkbox"/>	Advance of Funds <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

