Revised 3/05/19



EXPENSE VOUCHER

Date Requested	Ministry/Event Name					Amount Requested	
Purpose		Payment Method (check one)					
·		Check	Debit Card	ACH/W	/ire		
Requestor's Name		Transaction Type (check one)				Receipts are required	
		Advance	Direct Payment	Reimburse	ment	for <u>ALL</u>	
						Expense Vouchers submitted.	
Payee Name: (All requests for ACH/Wire transactions will require recipient's bank routing and account info					nt infori		
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AUTHORIZATION REQUIREMENT:							
Signature of the Ministry Leader or Event Chairperson must be obtained BEFORE any funds will be disbur					sbursed	by Treasurer.	
Ministry Leader or Event Chairperson's Signature		Treasurer's Signature					
Date		Date					
FINANCE USE ONLY:							
Check Number		Actual Expenditure Amount					
Applicable Budget Code(s)		Amount of	Funds Returned		Date F	Returned	

A T T A C H R E C E I P T S