

WOODLAND PRESBYTERIAN CHURCH
EXPENSE VOUCHER

ATTACH ALL RECEIPTS

Checks cannot be processed
without receipts / invoices.

BILLING INFORMATION:

PAY TO: _____ DATE: _____
ADDRESS: _____ PHONE: _____
_____ DATE EXPENSE OCCURRED

REIMBURSEMENT INFORMATION:

AMOUNT OF PURCHASE: _____ AUTHORIZED BY: _____
(ALL expense vouchers must be initialed by
IS THIS A BUDGETED EXPENSE? the Session member responsible for the
() YES () NO committee or event.)

BUDGET CATEGORY: _____

DESCRIPTION OF EXPENSE: _____

CHECK SHOULD BE: () Mailed () Left in check folder

SIGNED: _____
(Person submitting the voucher)

-----**DO NOT WRITE BELOW THIS LINE**-----

	<u>BC</u>	<u>AMT</u>
Date: _____	_____	_____
Check Number: _____	_____	_____
Signed: _____	_____	_____
	_____	_____
	_____	_____
	_____	_____
<u>TOTAL:</u>	_____	_____