

Brundidge United Methodist Church
Expense Voucher

Date: _____

Amount: \$ _____

Pay To Name: _____

Address: _____

Description of Expense: _____

Business Purpose of Expense: _____

Receipt/Bill: Attached? Yes No

Related Committee: _____

Account Number _____

Person Requesting Payment: _____

Chairperson Approval: _____

Printed Name

Signature

Special Instructions: _____

Check Number : _____

Date issued : _____