

Expense Reimbursement Voucher

To: Grace Episcopal Church

From: _____

Purpose of Expenses: _____

Attached are receipts and /or invoices for the following church expenses:

Date:	Description of Expenses	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Expense Account # _____

Total: _____

Please make check payable to _____
(please furnish address when necessary)

Date

Signature

Date

Approved by