

EXPENSE VOUCHER

2336 Elmwood Avenue/Post Office Box 4307
Columbia, South Carolina 29204

TYPE PAYMENT ADVANCE REIMBURSEMENT

IS THIS A BUDGETED REQUEST YES NO

BUDGET CATEGORY _____
(Give the number and name of the budget line-item)

PURPOSE/FUNCTION _____

DATE(S) OF ACTIVITY/FUNCTION _____

AMOUNT OF REQUEST _____

PAYEE _____
(Name of person/vendor – One person/vendor per voucher)

ADDRESS _____

COMMENTS _____

DATE OF REQUEST ____ / ____ / ____

Attach invoice or receipt to payment or reimbursement requests. Advances must be reconciled within fourteen (14) days after the date of the purchase, meeting, convention, event and/or activity. Requests for benevolence must include the appropriate paperwork.

REQUESTOR _____
Ministry Director/Chairperson/Event Coordinator

DO NOT WRITE BELOW THIS LINE

APPROVAL/DENIAL BY PASTOR _____ **DATE** _____

COMMENTS: _____

Chairman of Deacon Ministry/Chairperson of Trustee Ministry _____ **DATE** _____

DATE PAID _____ **CHECK NUMBER** _____

Voucher Number

FINANCE OFFICER'S SIGNATURE