

**Garrett 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 # (if known): _____

Requested by: _____

Chairperson Approval: _____

(Signature) or phone ok w/ date)

Notes: _____

Paid with check #: _____ **Date:** _____