

# 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**