

Westminster Presbyterian Church

Expense Voucher

Attach all receipts

Credit Purchase

Need Check

Payee _____ Date of Purchase _____
Address _____ Phone _____
_____ Zip _____ **Total** \$ _____

Description of Purchase _____

Purchased By: _____ Submit Date _____

Account Name or Number _____ Amount \$ _____

Account Name or Number _____ Amount \$ _____

Account Name or Number _____ Amount \$ _____

Approved By: _____ Date _____
Committee Moderator or Designee

Check Signed _____ Date _____
Treasurer or Other Authorized Check Signer

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