EXPENSE PAYMENT VOUCHER

NEWBURG UNITED METHODIST CHURCH

CREDIT CARD: Chad___ Judy___ Ali___ Frank___ Rodney___
Jamie___ (check one for credit card purchases)

PAY TO (For Individual Reimbursement): _____

ADDRESS: _____

BUDGET LINE/ACCOUNT #: _____

DATE PURCHASED: _____ AMOUNT ($): _____

VENDOR: _____

DESCRIPTION OF EXPENSE: _____

_____

AUTHORIZED BY: _____ DATE SUBMITTED:_____

$ PAID: _____ DATE PAID: _____ CHECK #: _____

EXPENSE PAYMENT VOUCHER

NEWBURG UNITED METHODIST CHURCH

CREDIT CARD: Chad___ Judy___ Ali___ Frank___ Rodney___
Jamie___ (check one for credit card purchases)

PAY TO (For Individual Reimbursement): _____

ADDRESS: _____

BUDGET LINE/ACCOUNT #: _____

DATE PURCHASED: _____ AMOUNT ($): _____

VENDOR: _____

DESCRIPTION OF EXPENSE: _____

_____

AUTHORIZED BY: _____ DATE SUBMITTED:_____

$ PAID: _____ DATE PAID: _____ CHECK #: _____