

EXPENSE VOUCHER

Zion United Methodist Church

Name: _____

Phone: _____

Reason for expense:

Group / Account to be charged (if known): _____

___ No reimbursement necessary, charged to Zion Church Account.

Date submitted: _____

Amount: \$ _____

STAPLE YOUR RECEIPT(S) TO THIS FORM

Do not write below this line. Treasurer use only.

Check number: _____

Amount reimbursed: \$ _____

Date paid: _____