

EXPENSE REIMBURSEMENT VOUCHER

POWHATAN UNITED METHODIST CHURCH

This form should be used to reimburse someone who has incurred an expense or paid an invoice.

RECEIPTS/INVOICE & APPROVED DETAIL PLAN (IF APPLICABLE) MUST BE ATTACHED.

Date of Request or Invoice: _____

Date Account Charged: _____

Apply Expense to the Following:

Budget Account Name: _____

Designated Account Name: _____

Pay to: (Name & Address) _____

Amount: \$ _____

This amount must be substantiated by a receipt

Description/Justification of Expense:

I hereby certify the expenses that I have outlined above and for which I am requesting reimbursement are on behalf of a current budgeted line item or a previously designated mission of PUMC.

Requestor: _____

Print Name

Signature

Date

Approved by: _____

Print Name

Signature

Date