

Trinity Presbyterian Church

Expense Voucher

Committee: _____

Expense Name/Category: _____

Amount of Expense: _____

Make Check Payable to: _____

Check is needed by this date: _____

Authorized Signature to approve expense: _____

Check needed by this date:

Please direct payment to:

_____ In my mailbox in church office _____ Please mail

Other info about this expense: _____

Date paid

Check number