WALLACE PRESBYTERIAN

EXPENSE REIMBURSEMENT VOUCHER

Name: _____

Address: _____

_____

	Dates	Nature of Expense	Amount
1.	_____	_____	
	_____	_____	$_____
2.	_____	_____	
	_____	_____	$_____
3.	_____	_____	
	_____	_____	$_____
4.	_____	_____	
	_____	_____	$_____
5.	_____	_____	
	_____	_____	$_____

Total Reimbursement $_____

Receipt(s) Attached? ☐ Yes ☐ No

Budget item:_____

Signature:_____

Date:_____

Treasurers Use Only
Check Date_____
Check No._____