

# Explanation of Expenses

Name : \_\_\_\_\_

Date : \_\_\_\_\_

Explanation of Expense : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EXPENSE VOUCHER

Charged to :

\_\_\_\_\_ Mastercard \_\_\_\_\_ LifeWay

\_\_\_\_\_ Gulf \_\_\_\_\_ Family  
\_\_\_\_\_ Coast \_\_\_\_\_ Christian

\_\_\_\_\_ Office Depot \_\_\_\_\_ Home Depot

## CHECK REQUISITION

Make Check Payable To :

\_\_\_\_\_

In the Amount Of :

\_\_\_\_\_

Check box if the check has to be mailed out.  
Provide mailing address below.

\_\_\_\_\_

\_\_\_\_\_

Post \$ _____	_____	_____	_____
	Account Name	Account Number	Project
Post \$ _____	_____	_____	_____
	Account Name	Account Number	Project
Post \$ _____	_____	_____	_____
	Account Name	Account Number	Project
Post \$ _____	_____	_____	_____
	Account Name	Account Number	Project



## APPROVAL

\_\_\_\_\_  
Ministry Leader or Staff

\_\_\_\_\_  
Date

## Check Signer Approval

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**\*\*\*\*\* Attach ALL Receipts to the Back \*\*\*\*\***