Reimbursement Voucher

Ballston Spa United Methodist Church 101 Milton Avenue Ballston Spa, NY 12020 Submit to BSUMC treasurer

Date rec'd:

Check #:

Date issued:

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Check #:

Date issued:

Date rec'd:

Date: Amount: \$	Date: Amount: \$	Date: Amount: \$
Pay to:	Pay to:	Pay to:
Name:	Name:	Name:
Address:	Address:	Address:
Description of Expense:	Description of Expense:	Description of Expense:
Receipt of Bill: Attached No Account Number or Budget Line Item:	Receipt of Bill: Attached No Account Number or Budget Line Item:	Receipt of Bill: Attached No Account Number or Budget Line Item:
Person Requesting Payment:	Person Requesting Payment:	Person Requesting Payment:
Phone: Email:	Phone: Email:	Phone: Email:
Approved by:	Approved by:	Approved by:
Special Instructions:	Special Instructions:	Special Instructions:
For Treasurer's use:	For Treasurer's use:	For Treasurer's use:

Check #:

Date issued:

Date rec'd: