

EXPENSE VOUCHER

NEW MARKET SEVENTH DAY ADVENTIST CHURCH
(Please place n/a on any item that does not apply)

Date Requested: _____

Department Requesting Payment: _____

Department Head: _____

Individual Requesting Payment: _____

Verification that item was delivered or repair done correctly: _____

Date Finance Committee Approved: _____

Date Board Approved: _____

Capital Expenditure

Describe item: _____

Where item will be located: _____

Is there a service contract? _____ With Whom? _____

What Department will be responsible for future maintenance? _____

Check off when Secretary adds to inventory: _____

Will additional insurance be needed: ___ Yes ___ No If yes, what date contract is amended: _____

Repair

Fully describe repair and what, if any, follow-up is needed: _____

Amount

Requested: _____

Check payable to: _____

IF REIMBURSEMENT IS TO A CHURCH MEMBER PLEASE ATTACH RECEIPT

Signature of person requesting payment

Signature of Department Head

Signature of Pastor (if needed)