

EXPENSE REQUEST VOUCHER
 Kansas-Oklahoma Conference
 United Church of Christ

Date: _____

Reason for Expense: _____

Amount Requested: _____ Actual: _____ Estimate: _____
 (Attach statement, bill, receipt...as needed.)

Check All That Apply: Budget: _____ Restricted Fund: _____
 Non-Restricted Fund _____

Budget Line Item: _____
 (Example: WMC Operations - General Maintenance)

Fund: _____
 (Example: New Church Starts)

Name on Check: _____

Signature of Requestor: _____

Signature of Person Authorized to Approve Request: _____
 (Commission, Committee, Task Force,)

For office use only:				
<u>INVOICE NUMBER</u>	<u>DESCRIPTION</u>	<u>ACCOUNT NUMBER</u>	<u>DEBIT</u>	<u>CREDIT</u>
TOTAL				
Paid Date _____		Check Number _____		
Receipt Date _____		Receipt Number _____		