

VOUCHER

##### Request for Advance of Funds or Reimbursement

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Line Item**  |  | **Date:**  |  |

 Work Area

|  |  |  |  |
| --- | --- | --- | --- |
| Purpose | Amount | **Check Payable to:** | Date Needed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Mail Check(s) to:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|   |  |  |  |  |
|  |  |  |  |  |

# **Signatures**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Requestor and Position |  | Date |  | Finance Manager |  | Date |
| Pastoral/Ministry Liaison*if necessary)* |  | Date |  | Treasurer*(or designee)* |  | Date |
| Director of Operations |  | Date |  |  |  |  |

**Please note:** Requests for funds should be made ***prior***to any expenditures being incurred. Allow 10 business days for receipt of funds*.*Reimbursement requests must not be more than $200.00

### ***Please complete at the time of request for advance payment or reimbursement.***

|  |
| --- |
| **Status of Ministry’s expenditures year-to-date** |
| Budget | Expenditures | Balance |
|  |  |  |