

VOUCHER

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

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

Work Area

|  |  |  |  |
| --- | --- | --- | --- |
| Purpose | Amount | **Check Payable to:** | Date Needed |
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**Mail Check(s) to:**

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

# **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 |
|  |  |  |