

**PURCHASING REQUEST AND REIMBURSEMENT VOUCHER**

Purchased by: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Budget Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_

Check payable to: _____
Address: _____
City, State, Zip _____

DESCRIPTION OF PURCHASE	COST
_____	_____
_____	_____
_____	_____
	<b>TOTAL</b> _____

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The church will only reimburse an expense if it is substantiated with written records.  
Please attach a copy of the receipt to this voucher.**

10.22.07

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