

**Simpson United Methodist Church VOUCHER FORM**  
**MUST ATTACH Original Receipt or Invoice**

Today's Date: \_\_\_\_\_ Date Check Needed: \_\_\_\_\_

Amount \$ \_\_\_\_\_ Reason for Expenditure: \_\_\_\_\_

Check Payable to (must have name & address to be mailed): \_\_\_\_\_

\_\_\_\_\_

Budget Line(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ (Signature Required) Authorized by: \_\_\_\_\_ (Committee Chair Signature Required)

No Receipt - valid expense - Okay to Pay Authorized by: \_\_\_\_\_ (Committee Chair Signature Required)

<b>OFFICE USE ONLY:</b>		
DATE PAID: _____	CHECK # _____	\$ AMOUNT PAID: _____

**Purchase Order Information:**

Please purchase the following supplies for budget Line # \_\_\_\_\_

Reason: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Authorized by Committee Chair: \_\_\_\_\_ (Committee Chair Signature Required)

**Supply List:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_