

FIRST PRESBYTERIAN EXPENDITURE AUTHORIZATION

Pay to:		Date:	
		Please attach all bills, sales slips, etc. to back of voucher. Payment MUST be approved by committee chair(s).	
Purchased From:		<input type="checkbox"/> Reimbursement <input type="checkbox"/> Gift in Kind (please check)	
For (item/service):		Inv. #	
Responsible Committee(s):		Due	
Acct#	Acct. Desc.	Amt.	Approved by:
Acct#	Acct. Desc.	Amt.	Approved by:
Acct#	Acct. Desc.	Amt.	Approved by:
Head of Staff:		Total Amount:	
Payment Auth. (Treasurer)		Check #:	Date Pd:

