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:		☐ **Reimbursement**	☐ **Gift in Kind** (please check)
For (item/service):			**Inv. # or Acct#**
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:**

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