THE FIRST CONGREGATIONAL CHURCH OF WESTERN SPRINGS

EXPENSE VOUCHER/PAYMENT REQUEST

The expens	ses below have been incurred for church	business. Please i	ssue a check to:		
PAYEE:				_	
Please incl	ude an addressed envelope for checks t	o be mailed to ne	w vendors or to individ	luals.	
Please con	tact the Business Manager with question	ns.			
Date of expense	Reason or purpose		Account to be Charged (Code or Name)	Amount	
	TOTAL			0	
Signature:			Date:		
			•		

Staff member must approve vendor payment or non-staff reimbursement. Sr. Minister must approve staff member's request for reimbursement to self.

Date:

Approval: