

Financial Expense Request Form

Annual Budget Amount \$ _____

VOUCHER MUST BE SUBMITTED 60 DAYS IN ADVANCE OF DISTRIBUTION DATE

Date: ___/___/___

Auxiliary/Department Name _____

Voucher Submitted by: _____

Purpose of Voucher Request:

Was this expense previously submitted in Auxiliary Budget Request ? (Y___N___)

Has Auxiliary/raised funds to cover cost ? Y___N___ Will Auxiliary be raising funds, taking up special collection or otherwise helping to raise funds for this event or program (Please specify) _____

Has the money been previously collected? Y___N___ \$Amount _____

Itemized Budget List Cost _____

Speaker Y___N___ _____

Food _____

Decorations _____

Transporation _____

Church Van y___n___ _____

Other (Gas -estimated cost) _____

Benevolence _____

Plaques /Awards / Gifts _____

Equipment Rentals _____

Confrence / Seminars _____

Sunday School/ Christian Education _____

Youth/Sports Ministry _____

Reimbursement _____

Other Auxiliary/ Ministry Cost (Please Specify) _____

Other _____

Other _____

Total Request: _____

MONEY MUST BE DISTRIBUTED ON OR BEFORE: Date: _____

Make check payable to: Name: _____

Company or Person

Amount \$ _____ Address _____

City _____ State _____ Zip _____

The submission of a voucher request does not necessarily mean approval. Distribution of money is made according to availability of funds and Church Approval.

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Deacon in Charge Finance Ministry/Church Approved: Approved Yes ___ No ___

Signature Date

Signature Date