**NORTHEAST DISTRICT COUNCIL EXPENSE VOUCHER**

**PLEASE FOLLOW DIRECTIONS ON BACK OF FORM**

**Your check cannot be processed unless this form is fully completed and signed by the Authorized Signer.**

**Auxiliary Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of this request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make Check Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please check one):

\_\_\_\_\_Mail check to payee at (address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Give check to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for personal hand delivery.

PLEASE PRINT NAME OF PERSON

**CHARGE CHECK TO THE FOLLOWING ACCOUNT(S):**

**$ \_\_\_\_\_\_\_\_\_\_\_\_ ACCOUNT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**$\_\_\_\_\_\_\_\_\_\_\_\_ ACCOUNT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**$\_\_\_\_\_\_\_\_\_\_\_\_ ACCOUNT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**$ \_\_\_\_\_\_\_\_\_\_\_ ACCOUNT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose for which funds have been/will be used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***AUTHORIZED SIGNER:***

***(MINISTRY LEADER)***

***Please* PRINT *name, then sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***DIRECTOR OF FINANCE:***

***Please* PRINT *name, then sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

|  |  |  |
| --- | --- | --- |
| **For Treasurer’s Office Use Only** | | |
| Date Received: |  | Initials: |
| Check #: |  | Initials: |
| Check Amount: |  | Initials: |

**DIRECTIONS FOR COMPLETING THE EXPENSE VOUCHER:**

1. **PLEASE FILL OUT A SEPARATE VOUCHER FOR EACH CHECK YOU ARE REQUESTING.**
2. **PLEASE FILL OUT THE VOUCHER COMPLETELY:**

\* **This form must list the specific Budget or Designated Account to be debited**

\* **A receipt, invoice, contract, or other paperwork substantiating your request must accompany this form.**

\*Please coordinate with the treasurer for the account being debited when completing this form and provide additional signatures and/or copies as requested, so the records may be maintained as required.

1. **WHEN COMPLETED, PLEASE FORWARD THIS FORM & ANY ATTACHMENTS TO THE Director of Finance**: