

**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:* \_\_\_\_\_

<b>For Treasurer's Office Use Only</b>		
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.
3. **WHEN COMPLETED, PLEASE FORWARD THIS FORM & ANY ATTACHMENTS TO THE Director of Finance:**