

EMMANUEL LUTHERAN CHURCH OF GRANBURY
Expense Voucher

Date: _____ Amount: \$ _____

Pay To: Name _____

Address _____

Description of Expense: _____

Business Purpose of Expense: _____

Receipt/Bill: Attached Not Attached

Explanation if not attached: _____

Account Name or Budget Line Item Number: _____

Person Requesting Payment: _____

Approved By: _____
(Chair or person responsible for the budget line item)

Special Instructions: _____
