

Friedens United Church of Christ
REIMBURSEMENT VOUCHER

Dollar Amount: _____ Date Needed: _____

Payable to (name): _____

Address: _____

Phone Number: _____

Purpose: (please describe items purchased and attach receipts if available)

To be charged against line item number(s), if known? _____

(Committee Chair/Staff Signature) (Date)

(For Treasurer's Purposes Only)	
Disbursement:	Dollar Amount: _____ Date: _____
	Check #: _____ Account #: _____