

**OX HILL BAPTIST CHURCH**

**EXPENDITURE REQUEST/REIMBURSEMENT VOUCHER**

**PLEASE SUBMIT FORM TO THE CHURCH OFFICE**

Payment or reimbursement to be paid to: \_\_\_\_\_ \*

Date needed by: \_\_\_\_\_ Amount: \_\_\_\_\_ \*\*

Budget Item?  YES  NO

Purpose or description of expenditure: \_\_\_\_\_

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

|                        |
|------------------------|
| <b>Office Use Only</b> |
| Acct: _____            |
| Acct: _____            |
| Acct: _____            |

Committee/Organization: \_\_\_\_\_

Chairperson/Director: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

\*Please attach receipt(s) or invoice(s)

\*\* Issuance of check is 10-14 days from the date the voucher is received. Request for payment over \$250 must be submitted to the Chairman of Committee to verify availability of funds before any purchase is made.

|  |
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| <b>Treasurer's Comments:</b>   |
| _____ Request Approved   |
| _____ Check Written    Check No. _____   |
| _____ Funds currently not available for this expense. Request will be honored as soon as possible. |
| _____ Return a copy of this form to the person making the request.                                 |

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