

**ZOAR LUTHERAN CHURCH EXPENSE VOUCHER/REIMBURSEMENT REQUEST**

**Please fill out completely to avoid delay – 1 form for each fund/expense account involved**  
**Allow up to 1 full week for processing**

Date Submitted \_\_\_\_\_ Date Needed: When available *or* Specific Date \_\_\_\_\_

Check Paid to \_\_\_\_\_

Will pick up → eMail address \_\_\_\_\_  
*or*

Mail → Address \_\_\_\_\_  
*or*

ACH Direct Deposit *\*Only for those who have provided Direct Deposit Info*

Name of Requestor \_\_\_\_\_ Committee \_\_\_\_\_

Contact Information (Phone #) \_\_\_\_\_

Reason / Purpose of Expense \_\_\_\_\_

Budget Exp line / Fund NAME \_\_\_\_\_ # \_\_\_\_\_

Signature of Budget Monitor - REQUIRED

\*\*\*\*\* List and attach ALL receipts separately then total \*\*\*\*\*

VENDOR/STORE	BRIEF DESCRIPTION OF PURCHASE	\$AMT\$
TOTAL DISBURSEMENT REQUESTED		