

**Rock Springs UMC**  
Expense Voucher



Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Event: VBS  Office  Description: \_\_\_\_\_  
Custodial  Worship   
Hospitality  Other

Type of Expense: \_\_\_\_\_

Chair Person: \_\_\_\_\_ Signature: \_\_\_\_\_  
( Please Print )

Date: \_\_\_\_\_ TOTAL Reimbursement amount \$ \_\_\_\_\_ Verified   
Approved By: \_\_\_\_\_ Please attach receipts Paid

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