

St. Peter's Episcopal Church

22 N. Union St., Smyrna, Delaware

MINISTRY EXPENSE REIMBURSEMENT VOUCHER

Ministry: _____ Date: _____

For: _____

Vestry/Committee Person Providing Oversight: _____

Authorized by: _____

Rector or Senior Warden

Pay to the order of: _____

Amount: \$ _____

Receipts attached: ___yes ___no

If no, why not: _____

Pay to the order of: _____

Amount: \$ _____

Receipts attached: ___yes ___no

If no, why not: _____

Pay to the order of: _____

Amount: \$ _____

Receipts attached: ___yes ___no

If no, why not: _____

Notes:

ACCOUNT: _____ Date: _____ Check #: _____