St. Demetrios Greek Orhodox Church
Expense Voucher

Date: _____ Amount: **$0.00** _____

Pay to: Name: _____

Address: _____

Description of Expense:

| Date: | Name/Receipt | Amount: | Account: |
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| **Total:** | | **$0.00** | |

Purpose of Expense: _____

Signature: _____ Date: _____

Approved By: _____

Treasurer (Date) _____ President (Date) _____

Prior approval of Parish Council Date:

For reimbursements up to $100.00 approval of either the Treasurer or the President (or in his/her absence the Vice President) is required. For reimbursements between $100.00 and $500.00 the approval of both the Treasurer and the President (or in his/her absence the Vice President) are needed. For reimbursements above $500.00 a prior approval of the Parish Council is needed. The signature of the President (or in his/her absence the Vice President) and the Treasurer with the date of the meeting of the Parish Council signify the prior approval of the Parish Council.

For Office use:

Receipt/bill Attached: _____ Number: _____

Account Number or Budget Line Item Number: _____