

**Rock Springs UMC
Expense Voucher**



Name: _____ Phone: _____

Address: _____
Street City State Zip

Event: VBS Music Description: _____
Custodial Worship _____
Hospitality Other _____

Type of Expense: _____

Chair Person: _____ Signature: _____
(Please Print)

Date: _____

Please attach receipts

Verified
Paid

Approved By: _____

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