

BISHOP RUOCCO COUNCIL 9275  
VOUCHER REQUEST FORM

This section completed by Financial Secretary

Voucher Date: \_\_\_\_\_ Budget Item? \_\_\_\_\_ Business or Charity \_\_\_\_\_

*This section completed by person submitting report (include receipts)*

**CHECK REQUEST**

Submitted By \_\_\_\_\_ Check Payable To \_\_\_\_\_

Total Expense	Expense Date	Event and/or Purpose or Description of the Expense
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*Officer Approvals*

Financial Secretary: \_\_\_\_\_ Date \_\_\_\_\_ *If acting FS, please print name*

Grand Knight: \_\_\_\_\_ Date \_\_\_\_\_ *If acting GK, please print name*

Trustee Approvals (minimum two)

3-Year Trustee: \_\_\_\_\_ Date \_\_\_\_\_ *If acting Trustee, please print name*

2-Year Trustee: \_\_\_\_\_ Date \_\_\_\_\_ *If acting Trustee, please print name*

1-Year Trustee: \_\_\_\_\_ Date \_\_\_\_\_ *If acting Trustee, please print name*

*This section completed by Treasurer*

Worthy Treasurer, please prepare a check as indicated and enter the check number and check date below.

Check Number \_\_\_\_\_ Check Date \_\_\_\_\_

Treasurer \_\_\_\_\_ Date: \_\_\_\_\_

*Comments/Instructions*