

Purchase Voucher

Date: _____

Attach bill/invoices/receipts

Need to be reimbursed _____

(Name of individual)

You will be receiving invoice from _____

(Name of Company)

Purpose of expenditure: _____

Total Amount of expenditure: _____

Submitted by _____ Committee _____

Approved by: _____

(Must be approved by Chairperson responsible for account or Pastor)