

First Presbyterian Church  
514 S. Armistead Avd.  
Hampton, Virginia

Expense Voucher

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

Purpose: \_\_\_\_\_

Budget Account: \_\_\_\_\_

Amount: \_\_\_\_\_

When needed: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_