



# Episcopal Diocese of Kansas Expense Voucher

Payee \_\_\_\_\_

Address \_\_\_\_\_

Date prepared \_\_\_\_\_

Description of disbursement <i>(Attach invoices, bills or supporting statements)</i>	Amount
	<b>Total</b>

Request made by \_\_\_\_\_

Account name \_\_\_\_\_

Budget line number \_\_\_\_\_

Payment approved \_\_\_\_\_

Computations checked \_\_\_\_\_

Distribution \_\_\_\_\_

Approval to pay \_\_\_\_\_

Check number \_\_\_\_\_

Date paid \_\_\_\_\_

Signed \_\_\_\_\_