

# Hosanna African Methodist Episcopal Church Expense Voucher

**PLEASE GIVE COMPLETED FORM TO THE FINANCE COMMITTEE**

**Quarter** \_\_\_\_\_

**Date of this request:** \_\_\_\_\_

**Name Of Organization** \_\_\_\_\_

**Amount Requested: \$** \_\_\_\_\_

**Make Check Payable to:**  
\_\_\_\_\_

**Purpose for which funds have been (will be) used:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized Signer (Account Treasurer)** \_\_\_\_\_

**Finance Committee Member** \_\_\_\_\_