CHECK REIMBURSEMENT VOUCHER

CHECK NUMBER

(Email completed voucher to emzbcfs@emzbc.org or hand deliver to EMZ Financial Secretary's in-box)

DATE _____

MINISTRY OR COMMITTEE NAME:

ACCOUNT NUMBER TO BE CHARGED:

ACCOUNT TITLE:

TOTAL CHECK AMOUNT:

CHECK DRAWN PAYABLE TO:

PICK UP CHECK AT EMZ OFFICE

Payee name:

Address:

City, State, Zip:

1) attach original invoice

2) attach receipt of goods or services

PURPOSE - *BE SPECIFIC ABOUT PURPOSE, AND ATTACH ANY AND ALL NECESSARY ADDITIONAL SUPPORTING DOCUMENTATION, SUCH AS LETTERS OF EXPLANATION/JUSTIFICATION, MEETING MINUTES, CONTRACT, ETC.*

NOTE - *ADVANCES, WHEN APPROVED, MAY BE ISSUED, HOWEVER RECEIPTS MUST BE SUBMITTED TO FINANCIAL SECRETARY WHEN RECEIVED. FAILURE TO RETURN RECEIPTS WILL RESULT IN ACCOUNT BEING FROZEN.*

AUTHORIZED SIGNATURE _____ *MINISTRY TITLE* _____

WHEN SECOND SIGNATURE IS REQUIRED BY ORGANIZATION:

AUTHORIZED SIGNATURE _____ *MINISTRY TITLE* _____

DO NOT WRITE BELOW THIS LINE - FOR EMZ FINANCE OFFICE USE ONLY

ACCOUNT NUMBER	ACCOUNT TITLE	DEBIT	CREDIT

CHECK RECEIVED BY _____ DATE _____ BATCH # _____