

ST. PETER'S ANGLICAN CHURCH

EXPENSE VOUCHER/CHEQUE REQUEST

NAME OF PERSON REQUESTING CHEQUE _____

NAME OF COMMITTEE/GROUP _____

EXPENSE AREA TO CHARGED _____

NAME TO BE PUT ON CHEQUE _____

TOTAL AMOUNT OF CHEQUE _____

BUDGETED YES () NO () IF NO, Who has authorized this expense?

Treasurer _____ Executive _____

ITEM	AMOUNT	GST	TOTAL
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Total			

TOTAL

Signature _____ Date _____

PLEASE STAPLE ALL RECEIPTS TO THIS FORM

FOR TREASURER ONLY

Date

Cheque No.

Amount Paid

Account No.