

Good Shepherd Presbyterian Church

CHECK REQUEST INCOME & EXPENSE VOUCHER

Date: _____

Income

From _____

For _____

Itemized income: _____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL INCOME: \$ _____

Acct. # _____

Expenses

Check payable to _____

Address: _____

Itemized expenses: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES: \$ _____
LESS MY CONTRIBUTION: \$ _____
NET TO BE REIMBURSED: \$ _____

Acct. # _____

PLEASE SUBMIT VOUCHER & BILL OR RECEIPT TO: Good Shepherd Presbyterian Church
%Treasurer
8300 East Pointe Rd.
Lincoln, NE 68506
402-484-8844

[] Foundation Responsibility

(Submitted by)

(Authorized by - Committee Chairperson)

Committee: _____

Authorized Signature of Foundation Treasurer

Good Shepherd Presbyterian Church