



Auxillary Expenditure Voucher

PLEASE COMPLETE THIS FORM AND ATTACH PROPER DOCUMENTS (INVOICES, RECEIPTS, BILL, ETC.).
SUBMIT FORM TO PASTOR OF MINISTRIES FOR APPROVAL. ALLOW 2 BUSINESS WEEKS FOR PROCESSING.
NOTE: ANY PAYMENTS TO INDIVIDUALS MUST INCLUDE THE PAYEE'S FEDERAL TAX ID OR SOCIAL SECURITY NUMBER.

DATE: _____ AMOUNT: \$ _____

AUXILIARY NAME: _____

CHECK PAYEE: _____ SSN/EIN: _____

PAYEE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PURPOSE OF REQUEST: _____

BY SIGNING THIS FORM AS HEAD OF MINISTRY, I ACKNOWLEDGE THAT
(1) I AUTHORIZED THIS EXPENDITURE (2) ALL AUXILIARY MEMBERS HAVE BEEN DULY NOTIFIED OF THIS EXPENDITURE BEFORE THIS DATE

HEAD OF MINISTRY (SIGNATURE): _____

SIGNATURE (OVERSEER FOR EVENTS ONLY): _____

OFFICE USE ONLY
EMERGENCY APPROVAL BY ADMINISTRATOR PROCESS IMMEDIATELY: YES NO

APPROVED BY: _____ DENIED BY: _____

DATE TRANSACTED: _____ CHECK NUMBER: _____

COMPLETED BY: _____ DATE SUBMITTED: _____

FULL GOSPEL BAPTIST CHURCH

WE ARE PROUD TO BE A

