



The Guild of St. Joseph Catholic Church
Expense Voucher Request

Name: _____

Event/Function: _____

Detailed Explanation:

Advance: _____ Reimbursement: _____

Total Amount Requested: \$ _____

The above request was properly incurred while conducting the legitimate business of "The Guild of St. Joseph Catholic Church" and has not been previously advanced or reimbursed.

Signature

Date

Note: Any request for more than \$75.00 must be approved by Guild President and Treasurer

Approved for payment: _____

Check Number: _____

Date: _____