

**The Presbyterian Church of West Salem**

625 W Franklin Street  
P.O. Box 861  
West Salem, WI 54669

Expense Voucher

Date \_\_\_\_\_

Please pay to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Item	Account #	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total \_\_\_\_\_

Signature \_\_\_\_\_

Attach invoices and submit to treasure for payment.

Treasurer: Return to Finance Committee