

**The Presbyterian Church of West Salem**

625 W Franklin St  
PO Box 861  
West Salem, WI 54669

*Expense Voucher*

Date \_\_\_\_\_

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

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

Donation

Signature \_\_\_\_\_

**Attach invoices and submit to secretary for payment.**

Treasurer: Return form to Finance Committee