

Unitarian Universalist Church of Worcester



Cash Expense Voucher
Event Collections/Cash Expenditure



Name of Event: _____ Event Date: _____

Moneys Received

Total Coin:	\$	
Total Currency:	\$	
Number of Checks:		
Total in Checks:	\$	
Total Collected:		\$

Budget Line Item Description: _____
Please leave blank if you do not know

Itemized List of Expenses Paid from Cash Collected for the Event
(Please attach Third Party receipts or Vendor invoices with *signed and dated* Form W-9)
Must be Less than a Total of \$500.00 for the Event

	Business Name	Item or Service Description	Charges or Cost
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total Expenses Paid in Cash:		\$

Budget Line Item Description: _____
Please leave blank if you do not know

Expenses Paid by: _____
Please PRINT and Sign Name

Payer's Phone Number: () _____

Authorized by: _____
Please PRINT and Sign Name

_____ Date