



First Hmong Missionary Alliance Church

5500 Stettin Dr, Wausau, WI 54401 (715) 842-9218

Expense Reimbursement Voucher Request

Purpose: _____ Is this expense within your Budget? Yes No

Requestor's Name: _____ Position: _____

Department: _____ Today's Date: _____

Make Check Payable to (Payee) Please print: _____

Date	Code	Description	Amount
Subtotal:			
Advances : (Prepay / Nyaj muab uantej lawm):			
Total:			

**Please attach expense receipts*

Approval's	Department Chair	Department Treasurer	Senior Pastor
Print Name			
Signature			
Date Signed			

Date Received Request		Code for Expenses			
Date Reimbursed		F	Food	O	Operation
Reimbursement Check #		S	Supplies	G	Gifts
Church Treasurer Signature		T	Transportation	M	Miscellaneous