The Episcopal Diocese of Kansas

Expense Voucher

Request type: Reimbursement (you paid with your own money) Vendor Payment (pay a company's invoice)

Pay to: _____

Mailing address: _____

Ministry: _____

Submitted by: _____ Date: _____

Date	Vendor / Store	Invoice or Receipt #	Description and purpose	Program or event	Amount
				Total	

I certify that these expenses were incurred for Diocesan business, that receipts are attached for every line, and that I have not been reimbursed for them from any other source.

Signature: _____ Date: _____

Approved by: _____ Date: _____

Ministry leader or budget holder

For Finance Office use only

Coded by		Entered in MIP	
Approved to pay		Check # / ACH	
MIP Doc ID		Date paid	

Email the voucher and all receipts as one PDF, voucher first, to the Comptroller: creinholtz@episcopal-ks.org

Form version 2026-10