

Operating Fund Voucher
Unitarian Universalist Congregation of Fairfax

Date: _____

Requestor Name: _____

Please make payment to: Name: _____

Address: _____

Payment Information: (attach invoices, receipts, other documentation)

Description	Cost	Budget Account Name or #

Total _____

Expense Approved by: _____
(Lay Minister, Committee Chair, Budget Manager, etc.)

Executive Director Approval: _____