

St. Martin de Porres Council #8238

2023-2024 Expense Voucher

This section completed by Financial Secretary

Voucher Date: _____ Budget Item? _____ Voucher #: V _____

This section completed by person submitting report (include receipts)

CHECK REQUEST

Submitted By _____ Check Payable To _____

Total Expense	Expense Date	Event and/or Purpose or Description of the Expense
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Officer Approvals

Financial Secretary: _____
FS Jim Archibald _____ Date _____ *If acting FS, please print name*

Grand Knight: _____
GK Carlos Gaudinez _____ Date _____ *If acting GK, please print name*

Trustee Approvals (minimum two)

3-Year Trustee: _____
PGK Frank Baca _____ Date _____ *If acting Trustee, please print name*

2-Year Trustee: _____
PGK Roy Barry _____ Date _____ *If acting Trustee, please print name*

1-Year Trustee: _____
PGK Gene Hernandez _____ Date _____ *If acting Trustee, please print name*

This section completed by Treasurer

Worthy Treasurer, please prepare a check as indicated and enter the check number and check date below.

Check Number _____ Check Date _____

Treasurer _____
Joe Martinazzi _____ Date: _____

Comments/Instructions