

St. Martin de Porres Council #8238

2023-2024 Expense Voucher

This section completed by Financial Secretary

Voucher Date: _____

Budget Item? _____

Voucher #: V _____

**DEBIT
REPORT**

This section completed by person submitting report (include receipts)

Submitted By _____

Paid To _____

Total Expense _____

Expense Date _____

Event and/or Purpose or Description of the Expense _____

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, this is a Debit Report. It is provided for your review and information. Please enter it into your register.

Treasurer _____

Joe Martinazzi

Date: _____

Comments/Instructions