



MAR THOMA SLEEHA SYRO MALABAR CATHEDRAL
 ST. THOMAS SYRO MALABAR CATHOLIC DIOCESE OF CHICAGO

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EXPENSE CLAIM VOUCHER

Today's Date: _____ ID # _____ Event Date: _____

Name: _____

Phone: _____ eMail: _____

Event Description: _____

NO	Description/Particulars	Amount
1		
2		
3		
4		
5		
6		
7		
	TOTAL	

Approval			
Approved By:			
Account Head:		Amount:	\$
Check Received on:		Signature:	

Approval Comments: _____

For Office Use Only			
Voucher #		Account Head	
Check #		Date	
Issued By:		Approved By:	