

PRESBYTERY OF WESTERN NEW YORK

2060 Union Road
W. Seneca, NY 14224

Phone: (716) 668-1995

Fax (716) 668-5336

V O U C H E R

Date of request _____ Date needed _____

From: Committee _____
Name of person making request _____

Payable to: Name _____
Address _____

Disposition of check: Give to _____ Mail to payee
Memo line on check stub: _____

EXPENSES TO BE PAID OR REIMBURSED (attach receipts or invoices):

| <u>Account #</u> | <u>Description</u> | <u>Amount</u> |
|------------------|--------------------------------------|---------------|
| | | \$ _____ |
| | | |
| | | |
| | | |
| | | |
| | Total expenses/reimbursements | \$ _____ |

MILEAGE:

| <u>Account #</u> | <u>Date</u> | <u>Miles</u> | <u>Purpose</u> | <u>Charitable Rate</u> | <u>Amount</u> |
|------------------|-------------|--------------|----------------|------------------------|---------------|
| | | | | .14 | \$ _____ |
| | | | | .14 | \$ _____ |
| | | | | .14 | \$ _____ |
| | | | | .14 | \$ _____ |
| | | | | .14 | \$ _____ |

Total mileage \$ _____

Grand Total \$ _____

Approvals:

_____ Committee Chair/Co-signer

FOR FINANCE OFFICE USE ONLY

Date: _____ Gen. Jnl. # _____ / _____ Check # _____