

Accounts Payable Voucher

THE PRESBYTERY OF SCIOTO VALLEY

4131 North High Street, Suite B, Columbus, OH 43214-3081

614-847-0565 – Email: dagmar@psvonline.org

MAKE CHECK PAYABLE TO:

DATE: _____

Commission/Committee: _____

Event/Function: _____

(If more than one meeting, please detail on back)

<u>Account Number</u>		<u>AMOUNT \$</u>
_____ Miles _____ (@.655/mile)	(From other side)	_____
_____ Meals (from other side)		_____
_____ Phone calls (detail attached)		_____
_____ Postage/Copies.		_____
_____		_____
_____		_____

TOTAL EXPENSES TO BE REIMBURSED \$ _____

I wish \$ _____ of the total of this voucher to be credited back to presbytery general fund/s donated revenue as a CHARITABLE CONTRIBUTION. I understand that I will receive a signed copy of this voucher as a receipt for tax purposes.

SIGNATURE _____

COMMISSION CHAIRPERSON _____
(must be signed before payment can be made)

PRESBYTERY AUTHORIZATION _____
Vouchered expenses must be submitted within 60 days of date expenses are incurred.

