

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>
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_____ Miles _____ (@.67/mile)	_____
_____ (From other side)	

_____ Meals (from other side)	_____
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_____ Phone calls (detail attached)	_____
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_____ Postage/Copies.	_____
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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 the expenses are incurred.

Date	Purpose	Mileage	Destination		Meals	Other Specify
			From	To		
Total						