

PRESBYTERY OF GENESEE VALLEY

**1190 Winton Road South
Rochester, NY 14618**

Phone: (585) 242-0080

Fax (585) 242-0086

VOUCHER (as of 1/1/17)

Date of request _____ Date needed _____

From: Committee _____
Name of person making request _____

Payable to: Name _____
Address _____

Disposition of check: Give to OR Mail to payee

Memo line on check stub: _____

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

Account #	Description	Amount

Total expenses/reimbursements \$ _____

MILEAGE:

Account #	Date	Miles	Purpose	Rate	Amount
				.535	\$
				.535	
				.535	
				.535	
				.535	
				.535	
				.535	
				.535	

Total mileage \$ _____

Grand Total \$ _____

Approvals:

_____ Committee Chair/Co-signer

_____ Presbytery Leader/designee

FOR FINANCE OFFICE USE ONLY

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