MEETING EXPENSE VOUCHER PRESBYTERY OF WESTERN NORTH CAROLINA 114 SILVER CREEK ROAD MORGANTON, NC 28655

Date:

Name of Committee:

Charge to Committee Account Number:				
Authorized Signature:		_	OFFICE U	SE ONLY
NAME AND ADDRESS (Please print and include zip code)	MILEAGE (Round Trip)	OTHER (Indicate)	TOTAL AMOUNT	VENDOR NUMBER
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

DISBURSEMENT REQUEST PRESBYTERY OF WESTERN NORTH CAROLINA 114 SILVER CREEK ROAD MORGANTON, NC 28655

	Date:				
		Authorized By:			
ssue check in the amount of					
to SPECIAL REMARKS	(Mailing address, etc.)				
	CHARGE AS FOLI	LOWS			
Amount	Area of work to charge	Acct # to charge	OFFICE USE ONLY		
\$					
\$					
\$					
	***ATTACH ALL REC DISBURSEMENT RE PRESBYTERY OF WESTERN N 114 SILVER CREEK MORGANTON, NC	EQUEST ORTH CAROLINA ROAD 228655			
Date:					
Authorized By:					
Issue check in the amou	sunt of				
SPECIAL REMARKS	(Mailing address, etc.)				

CHARGE AS FOLLOWS

Amount	Area of work to charge	Acct # to charge	OFFICE USE ONLY
\$			
\$			
\$			

EXPENSE VOUCHER PRESBYTERY OF WESTERN NORTH CAROLINA

(Please attach receipts)

DATE:			
COMMITTEE ACCOU	NT TO DEBIT:		
PURPOSE OF EXPENS	SES:		
AUTHORIZED SIGNA	TURE:		
ITEMIZED EXPENDI	TURES:		OFFICE USE ONLY
]	EXPENSE ITEM	AMOUNT	
Postage Telephone Travel 1 2. Other: Other:	Miles @ per mile	\$	
TOTAL EXPENSES		\$	
MAIL CHECK TO:	Name:		
	City, State	Zip	

INSTRUCTIONS

- 1. Complete and return this form to the Presbytery of Western North Carolina, Attn: Treasurer, 114 Silver Creek Road, Morganton, NC 28655.
- 2. Indicate date, identify account number in the budget the expense will be charged, state purpose of expenses, and have the authorized person sign the expenditure.
- 3. Itemize expenses under classifications listed and attach all receipts for which receipts are normally available.
- 4. Print clearly the name and address to which the check should be mailed. Zip code is required for mailing.