

# Accounts Payable Voucher 2019

## THE PRESBYTERY OF SCIOTO VALLEY

4131 North High Street, Suite B, Columbus, OH 43214-3001  
614-847-0565

MAKE CHECK PAYABLE TO:

DATE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Commission: \_\_\_\_\_

Event/Function: \_\_\_\_\_  
**(If more than one meeting, please detail on back)**

Account Number AMOUNT \$

\_\_\_\_\_ Miles \_\_\_\_\_ (@ **.58** /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.**

