

# Accounts Payable Voucher 2020

## 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)**

<u>Account Number</u>		<u>AMOUNT \$</u>
_____ Miles _____ (@ <b>.575</b> /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.**

Date	Purpose	Mileage	Destination		Meals	Other Specify
			From	To		
Total						