



Presbytery of Genesee Valley

1049 WEGMAN ROAD • ROCHESTER, NEW YORK 14624 • (585) 242-0080

WEBSITE: www.pbygenva.org

VOUCHER

(as of 01/01/23)

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
				.655	\$ _____
				.655	
				.655	
				.655	
				.655	
				.655	
				.655	
Total mileage					\$ _____
Grand Total					\$ _____

Approvals:

_____ Committee Chair/Co-signer

_____ Presbytery Leader/designee

FOR FINANCE OFFICE USE ONLY

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