

PRESBYTERY OF SUSQUEHANNA VALLEY
5811 Heritage Landing Drive, 2nd Floor, East Syracuse, NY 13057-9360
Email with Receipts attached to: finance@susvalpresby.org

One trip per voucher
2017 Committee Expense Voucher

Payable to _____ Address _____

Date of trip _____ Location/Purpose of trip _____

_____ miles @.535 per mile in 2017	\$ _____	CPM operating - 700601
Telephone _____	\$ _____	CPM program - 700604
Meals _____	\$ _____	CPM scholarship - 700605
Other _____	\$ _____	
TOTAL	\$ _____	

I wish to be reimbursed YES / NO **Check one**

I wish to be reimbursed only this amount \$ _____

Budget Account to be charged _____ Account # _____

Signature of Requestor _____ Approved by _____
(Chair of Committee or Authorized Signature)

rev 12/15/2016

PRESBYTERY OF SUSQUEHANNA VALLEY
5811 Heritage Landing Drive, 2nd Floor, East Syracuse, NY 13057-9360
Email with Receipts attached to: finance@susvalpresby.org

One trip per voucher
2017 Committee Expense Voucher

Payable to _____ Address _____

Date of trip _____ Location/Purpose of trip _____

_____ miles @.535 per mile in 2017	\$ _____	CPM operating - 700601
Telephone _____	\$ _____	CPM program - 700604
Meals _____	\$ _____	CPM scholarship - 700605
Other _____	\$ _____	
TOTAL	\$ _____	

I wish to be reimbursed YES / NO **Check one**

I wish to be reimbursed only this amount \$ _____

Budget Account to be charged _____ Account # _____

Signature of Requestor _____ Approved by _____
(Chair of Committee or Authorized Signature)

rev 12/15/2016
