

**PRESBYTERY OF SUSQUEHANNA VALLEY**  
**5811 Heritage Landing Drive, 2nd Floor, East Syracuse, NY 13057-9360**  
Email with Receipts attached to: [finance@susvalpresby.org](mailto: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 _____	\$ _____	
<b>TOTAL</b>	<b>\$ _____</b>	

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

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