

BEAVER-BUTLER PRESBYTERY EXPENSE VOUCHER

AP BATCH # _____
VOUCHER # _____
ACCOUNT # _____
CHECK # _____
DATE PAID _____

PAYEE: _____

MAIL TO: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

		ACCOUNT NUMBER			
DATE	AMOUNT		OFFICE USE ONLY	DETAILS, EXPLANATIONS, ETC.	
TOTAL:	\$0.00				

Complete and sign voucher; attach supporting documentation. Obtain authorized signature if needed; submit voucher for payment to:

Beaver-Butler Presbytery
Attention: Accounting Assistant
PO Box 279
Zelienople PA 16063-0279

Charge to account: Office Supplies

Requested by: _____ Date

Authorized by: _____ Date
(signature of committee chair, e.g.)