

BEAVER-BUTLER PRESBYTERY EXPENSE VOUCHER

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

PAYEE: _____

MAIL TO: _____

ADDRESS: _____

CITY,STATE,ZIP: _____

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

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

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

Charge to account: _____

Requested by: _____ Date

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