

North Central California Presbytery

Check Request/Payment Voucher Form

Date of Request: _____ Date Needed: _____ Mail: _____ Hold: _____

Make Check Payable To: _____

Mailing Address: _____

City: _____ Zip Code: _____

Account Number/ Dedicated Fund	Description	Amount

Mileage From	Mileage To	Total Miles	Amount @ 70¢/mile
Total Mileage Due			
Total Payment Request:			

Requested by:	_____
	Signature
Title:	_____
	Printed Name
Approved by:	_____
	Signature
Title:	_____
	Printed Name

Please attach any supporting receipts or vouchers to this request

Payments will not be processed without the approval by the Committee Chair and Staff Leader
Payments will not be processed without Account Numbers being provided
Payment requests that are not reimbursements need to include a completed W-9
Please send approved requests to Presbytery Treasurer treasurer@nccpresby.org (rev. 12/24)