

**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

		Total	
Mileage From	Mileage To	Total Miles	Amount @ 72.5¢/mile
		Total Mileage Due	
Total Payment Request:			

<b>Requested by:</b>	_____
	Signature
<b>Title:</b>	_____
	Printed Name
<b>Approved by:</b>	_____
	Signature
<b>Title:</b>	_____
	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](mailto:treasurer@nccpresby.org) (rev. 1/4/26)