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 @ 76¢/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. 9/10/26)***