Ogden Presbyterian Church
2400 South Union Street
Spencerport, NY 14559

Phone: (585) 352-6802

Voucher (effective 12/1/08)

Date of request: _____ Date needed: _____
From: Committee_____
Name of person making request _____

Payable to: Name_____
Address_____
Disposition of check: ( ) Give to _____ ( ) Mail to payee
Memo line on check: _____

EXPENSES TO BE PAID OR REIMBURSED (attach receipts or invoices)

Budget Line Item	**Description**	**Amount**
		$_____
	Total	*$*_____

Approved by: _____Committee Chair