

Ogden Presbyterian Church  
2400 South Union Street  
Spencerport, NY 14559  
Phone: (585) 352-6802



## OPC Voucher

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