

Presbytery of Wabash Valley Disbursement Voucher

Payee Name: _____ Date: _____

Payee Address: _____
(if not on file)

Fund #	Account #	Description	Amount
Total Disbursement			

Additional Information: _____

Payment processing requested by: _____ Date: _____

Remittance Authorization: ___ Per Approved FY Budget ___ Committee Moderator/Designee/Officer

Review/Approval: Print Name: _____ Date: _____

Signed: _____