

REQUEST VOUCHER FOR PURCHASE OR PAYMENT
 Presbytery of Wyoming – Casper, Wyoming

DATE SUBMITTED:	VOUCHER NUMBER:
FOR (Committee, Organization, Other):	REQUEST SUBMITTED BY:

Account No.	Account Title	Description	Amount
CHECK TOTAL			

PAYABLE TO: (Please Print) MAILING ADDRESS:	AUTHORIZED BY: <input type="checkbox"/> Council <input type="checkbox"/> Presbytery <input type="checkbox"/> Other _____
	PRESBYTERY/COUNCIL APPROVAL DATE:

Verification Documents Attached: <input type="checkbox"/> yes <input type="checkbox"/> no
List of Verification Document(s) Attached or Verified by:

For Office Use Only

Date Received:	Check Amount:
Vendor Number:	Check Number: