

Presbytery of San Francisco

Check Request / Payment Voucher Form/ Credit Card Use Voucher

[Please Write Legibly]

Make Check Payable To:			
Address to mail to:		City:	Zip:
Date of Request:		Date Needed:	Check: ACH:
ACH is the preferred payment method. If we do not have your ACH information, please consider providing it.			Amount \$
Mileage From:	To:	Total Miles	@65.5¢ per mile =
Account Number [Required]	Describe Purpose for Request		
Total Payment Request			
Requested by: Printed Name and Title:			Date:
Requested by: Printed Name and Title:			Date:
<p style="text-align: center;">*Notes regarding reimbursements:</p> <p><i>Please attach any supporting receipts or vouchers to this request. If sending electronically, please scan receipts or backup and include with transmission.</i></p> <p>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. Forward approved request to Presbytery Accountant accountant@sfpby.org.</p> <p>Payment requests to anyone that is not a reimbursement with receipts attached or for mileage without a mileage log must be accompanied with a completed W-9 on the reverse side of this page.</p>			