

Presbytery of Northern New York
www.presbyteryofnny.org ~ nnypresbytery@gmail.com
 311 Franklin St. Room B, Ogdensburg, NY 13669
 315-713-4343

Check/Reimbursement Request

Date of Request: _____ Payable to: _____

Address: _____

Phone: _____ Email: _____

Mileage:

Date	Purpose (include committee/board)	Miles Driven	IRS Rate	Total \$

Total \$

Other:

Date	Description	Acct.	Class	Amount \$

Total \$

Total Reimbursement Amount: \$ _____

Approved by: _____

Budget Acct: 6015 Conf. & Mtgs. 6017 Con. Ed/Training 6055 Materials & Books 6060 Office Sup./Equip.
 6090 Travel (circle one): Mileage, Meals, Lodging Other: _____

Budget Class: COM CPM Council Mission Res. Pres. Ops./Admin. Trustee

Check # _____ Date of Check: _____ Paid: _____ Posted: _____