

Reimbursement Voucher

Ballston Spa United Methodist Church

101 Milton Avenue Ballston Spa, NY 12020

Submit to BSUMC treasurer

Date: _____ Amount: \$ _____

Pay to:

Name: _____

Address:

Description of

Expense: _____

Receipt of Bill: Attached No

Account Number or Budget Line Item:

Person Requesting Payment: _____

Phone: _____ Email: _____

Approved by:

Special Instructions:

For Treasurer's use:

Date rec'd: _____ Check #: _____ Date issued: _____

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