

# PAYMENT VOUCHER

Presbytery of Eastern Virginia, 6901 Newport Avenue, Norfolk VA 23505

PAY TO:

Name

Mailing Address

City St Zip

BUDGET LINE NUMBER	BUDGET LINE NAME OR DESCRIPTION	AMOUNT

Requested by

Date

Approved by (Unit Chairperson)

***NOTE: INVOICES FOR PAYMENT MUST BE ATTACHED;  
FOR REIMBURSEMENTS, RECEIPTS MUST BE ATTACHED***

.....  
(FOR OFFICE USE ONLY)

VENDOR CODE	INVOICE NO	AMOUNT

Fund (2)	UNIT (2)	ACCOUNT (4)	DATE PAID	CHECK NO