SAVANNAH PRESBYTERY

"Servant Of The Churches"



VOUCHER FOR NON-TRAVEL EXPENSES

ake Check Payable To:	Date:		
Name:			
Address:			
City, State, Zip:			
Phone Number:	SSN (if a	pplicable):	
Request for office supplies and e	expendable materials, services or	equipment:	
Item:	Charge to Budget Line Item:	*Notes:	Amour
		Total estimated costs	
(Please do not please give a brief explanation of how and who	purchase items or services before an authorize ere this service or equipment will be used on t	ation has been obtained) the back of this sheet if there is not enough	gh room ab
Name/Title of Requestor_		date	
*********	***********	********	
	Executive Presbyter Presbytery Treasurer	date	
	Office Manager		

Authorizations: The Office Manager may authorize the purchase of office supplies, not to exceed \$250.00. All other expenditures must be authorized by the Executive Presbyter or the Presbytery Treasur,