



126 Pillsbury Rd.
Londonderry, NH 03053-3205
800-515-7665

For Office Use Only
Acct #: _____
Appvd: _____
Date: _____

Expense Voucher 2011

Pay to: (name and address)

Date: _____

Charge to: _____

Expense to be reimbursed: _____

SUBTOTAL: \$ _____

Less benevolence gift for the work of the Presbytery: (_____) (_____)
(You will receive a statement of your donations at the end of the year for income tax purposes.)

REMIBURSEMENT TOTAL: \$ _____

Signature: _____

Approved By: _____
Signature of Committee Chair

Include receipts and submit to PNNE at above address



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