

**PRESBYTERIAN WOMEN  
SYNOD OF THE NORTHEAST**

**EXPENSE VOUCHER - GENERAL**

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone/Email \_\_\_\_\_  
Presbytery \_\_\_\_\_

Account/budget line item or event - specify for each expense:

a. \_\_\_\_\_ \$ \_\_\_\_\_  
b. \_\_\_\_\_ \$ \_\_\_\_\_  
c. \_\_\_\_\_ \$ \_\_\_\_\_  
Total Expenses \$ \_\_\_\_\_

**Send to:** Sharon Hsu  
907 Cranbury Cross Road  
North Brunswick, NJ 08902  
732-828-1414  
sharon2nj@yahoo.com



**RECEIPTS MUST ACCOMPANY ALL REQUESTS FOR  
PAYMENT**

**PRESBYTERIAN WOMEN  
SYNOD OF THE NORTHEAST**

**EXPENSE VOUCHER – LIGHTHOUSE DISTRIBUTION**

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone/Email \_\_\_\_\_  
Presbytery \_\_\_\_\_

Expenses Paid by PWP for including *The Lighthouse* in PWP  
Newsletter Distribution:

Additional Printing Cost per Copy \$ \_\_\_\_\_  
+  
Additional Postage per Copy \$ \_\_\_\_\_  
Number of Copies Mailed: x \_\_\_\_\_  
Total Reimbursement from PWSNE \$ \_\_\_\_\_

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