

**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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