

ARCH and Aging Concerns

You can submit this voucher via email to vouchers@nyym.org
or mail to the NYYM office at 15 Rutherford Place, New York, NY 10003

Check one of the boxes below for the account to be charged – one form for each account.

ACCOUNT	AMOUNT	
Administrative	_____	2925-12
Staff Travel	_____	2925-10
ARCH Programs	_____	2925-14
Aging Concerns Committee	_____	8290-00

Requested by:

Name _____ Date _____

Please attach receipts and/or minute approving the expense.

Amount: _____

Purpose/Reason:

A short description to be recorded in the memo field in the accounting system

Payable to:

Full name of Organization or Beneficiary

Name _____

Address _____

City/State/Zip _____

Approved by: (Name & date)

*If sending voucher by email:
You do not need to get written signature.
Instead copy the approver on the email
requesting a confirmation email approval.
If requestor is approver, attach a copy of the
approving minute.*