

Witness CC and Sharing Funds

For detailed instructions on all Voucher Forms, please visit nyym.org/payment-requests

This voucher is for expenses related to the mission of a fund, such as a grant or attendance at a conference.

Funding Source

(Select which account should be charged – *one form per fund*)

Witness Fund	Account	Approver/Steward
<input type="checkbox"/> Barrington Dunbar Fund for Black Development	2810-10	Barrington Dunbar Committee
<input type="checkbox"/> Black Concerns	2812-10	Committee for Black Concerns
<input type="checkbox"/> Conscientious Objection to Paying for War	2831-10	COPW Working Group
<input type="checkbox"/> Earthcare	2835-10	Earthcare Working Group
<input type="checkbox"/> Euro American Quakers Working to End Racism	2840-10	EAQWER Working Group
<input type="checkbox"/> Indian Affairs	2814-10	Indian Affairs Committee
<input type="checkbox"/> NYYM Named Representatives	2834-10	Witness Coordinating Committee
<input type="checkbox"/> Peace Concerns	2818-10	Peace Concerns Working Group
<input type="checkbox"/> Prisons	2820-10	Prisons Committee
<input type="checkbox"/> Torture Awareness	2833-10	Torture Awareness Working Group
<input type="checkbox"/> Witness Activities	2824-10	Witness Coordinating Committee
<input type="checkbox"/> Witness to the World	2845-10	Witness Coordinating Committee
<input type="checkbox"/> World Ministries	2826-10	World Ministries Committee
<input type="checkbox"/> FUM (Friends United Meeting) Missions	2827-10	World Ministries Committee
<input type="checkbox"/> Coordinating Committee Expense	9100-00	Witness Coordinating Committee
<input type="checkbox"/> Sharing Fund Campaign Expense	2899-14	Witness Coordinating Committee

Requested By

(Usually this is the name of the person filling out this form)

Name _____ Date _____

Details

Payable to (Organization or Beneficiary)

Total Amount _____

Name _____

Purpose/Reason (short description of the expense)

Address _____

City/State/Zip _____

Approval and Submission

- Remember to attach your supporting documentation: invoices, receipts, travel vouchers, minutes, etc.
- If sending voucher by email, send this completed form to vouchers@nyym.org, and copy the approver on the email requesting a confirmation email.
- No approval is needed if the expense is documented in an attached minute.
- If this payment is for services, such as an honorarium or meeting facilitator, a copy of the W-9 form for the individual or business must be on file in the office before payment can be made

If sending voucher by mail, approver signature:

Approver: _____

If expense already paid:

- Office account check # _____
- Debit card on office account
- EFT from main checking account
- Debit card on main checking account