

**NEW CASTLE PRESBYTERY  
FUNDING VOUCHER/CHECK REQUEST**

DATE: \_\_\_\_\_

ENTITY (Unit, Committee, Work Group, Commission):

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PAYEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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AMOUNT: \_\_\_\_\_

BUDGET CATEGORY\*\* : \_\_\_\_\_

BUDGET LINE\*\* : \_\_\_\_\_

\*\* Must match approved NCP budget

RECORDED IN MINUTES OF: \_\_\_\_\_

(Please be sure to submit all minutes to NCP when available. An attached copy to this voucher is not required.)

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APPROVED BY: \_\_\_\_\_

(Print Name/Signature)

\_\_\_\_\_  
(Title)

DATE: \_\_\_\_\_

SPECIAL NOTES: \_\_\_\_\_

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