

# Children & Youth Field Secretary

## (CYFS)

This is a fillable PDF. Please fill in appropriate fields and submit Voucher electronically, and be sure to include any Supporting Documentation.

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

### Vital Meetings Fund (CYFS)

**Administrative Expense**

**Travel Expense**

**Program Expense**

*Requested by:*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**YES**, I attached expense report, minute, bill

***Payable to/Mail to: (print or type)***

Full name of Organization [person only if expense]

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

*Approved by: (Name & date)*

### **Travel Expenses** [registration, transportation, lodging, meals]

**Must get prior written approval from account's Clerk**  
From **attached** Travel Expense form:

Location \_\_\_\_\_ Dates \_\_\_\_\_

Reason \_\_\_\_\_

**Requested Reimbursement** \$ \_\_\_\_\_

### **Administrative Expenses** (bill)

Copying/Printing \_\_\_\_\_

Mailing \_\_\_\_\_

Phone/Electronic Communications \_\_\_\_\_

Publications Layout \_\_\_\_\_

Supplies \_\_\_\_\_

Other Administrative Expenses \_\_\_\_\_

**Total Administrative Expenses** \$ \_\_\_\_\_

### **Program Expenses** (bill or minute)

Facilities/Rental Fees \_\_\_\_\_

Food/Beverages \_\_\_\_\_

Materials (e.g. books, calendars) \_\_\_\_\_

Speaker/Facilitator \_\_\_\_\_

Other Program Expenses \_\_\_\_\_

**Total Program Expenses** \$ \_\_\_\_\_

### **Contributions** (minute)

Donations -- outside Organizations \_\_\_\_\_

Individual Witness \_\_\_\_\_

Scholarships and Stipends \_\_\_\_\_

Other Contributions \_\_\_\_\_

**Total Contributions** \$ \_\_\_\_\_

**Payment Request** \$ \_\_\_\_\_

*To make a contribution for all or part please write a check to NYYM RSF, so an acknowledgment can be made.*

**For Accounting Use Only:**