

Witness CC and Sharing Funds

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

WITNESS COORDINATING COMMITTEE

APPROVER/STEWARD

| | | |
|--------------------|--------------------------------|---------|
| Committee Expenses | Witness Coordinating Committee | 9100-00 |
|--------------------|--------------------------------|---------|

These are expenses of the coordinating committee and expenses related to the operation of Witness committees or working groups, such as attendance at committee meetings. Not for expenses related to the mission of a fund, such as attendance at a conference.

| | | |
|--------------------------------|--|---------|
| Sharing Fund Campaign Expenses | | 2899-14 |
|--------------------------------|--|---------|

WITNESS FUNDS

APPROVER/STEWARD

| | | |
|--|---------------------------------|---------|
| Barrington Dunbar Fund for Black Development | Barrington Dunbar Committee | 2810-xx |
| Black Concerns | Committee for Black Concerns | 2812-xx |
| Conscientious Objection to Paying for War | COPW Working Group | 2831-xx |
| Earthcare | Earthcare Working Group | 2835-xx |
| Euro American Quakers Working to End Racism | EAQWER Working Group | 2840-xx |
| Indian Affairs | Indian Affairs Committee | 2814-xx |
| NYYM Named Representatives | Witness Coordinating Committee | 2834-xx |
| Peace Concerns | Peace Concerns Working Group | 2818-xx |
| Prisons | Prisons Committee | 2820-xx |
| Torture Awareness | Torture Awareness Working Group | 2833-xx |
| Witness Activities | Witness Coordinating Committee | 2824-xx |
| Witness to the World | Witness Coordinating Committee | 2845-xx |
| World Ministries | World Ministries Committee | 2826-xx |
| FUM (Friends United Meeting) Missions | World Ministries Committee | 2827-xx |

Requested by:

Name _____ Date _____

Please attach receipts for expenses and/or minute approving the expense.

Amount: _____

Purpose/Reason:

Provide a short description of the expense.

Expense Category

For NYYM Meetings or Members/Attendees xxx-10

For other organizations or individuals xxx-20

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.