

Presbytery of the Mid-Atlantic

Expense Voucher 2018

COMMITTEE / COMMISSION: \_\_\_\_\_ DATE: \_\_\_\_\_

PURPOSE OF EXPENSE INCURRED: \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

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

Indicate if change from previously submitted address \_\_\_\_\_

CAR EXPENSE: Mileage \_\_\_\_\_ x .545 rate = \$ \_\_\_\_\_

MEALS (ATTACH RECEIPTS): \$ \_\_\_\_\_

LODGING (ATTACH RECEIPTS): \$ \_\_\_\_\_

MISC. EXPENSE (ATTACH RECEIPTS): \$ \_\_\_\_\_

TOTAL OF ALL EXPENSES: \$ \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

\* DATE PAID \_\_\_\_\_ \*

\*CHECK # \_\_\_\_\_ \*

\*INITIALS \_\_\_\_\_ \*

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SUBMIT TO:

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