

EXPENSE VOUCHER

THE PRESBYTERY OF PROSPECT HILL
 Box 1405
 Storm Lake, IA 50588

#	
ACCT	
CK#	

Budget
 Line Item _____

Voucher Date _____

Pay to: _____

Date of Meeting _____

Address: _____

Committee _____
 Sub-Committee _____
 Place of meeting _____

ALL EXPENSES RECEIPTS MUST BE SUBMITTED BEFORE PAYMENT WILL BE ISSUED

Mileage:	Round Trip Miles	Rate per mile	Total
Driver _____	_____	\$ 0.30	\$ _____
Other _____	_____	\$	\$ _____
_____	_____		\$ _____
_____	_____		\$ _____
_____	_____		\$ _____
_____	_____		\$ _____
_____	_____		\$ _____
TOTAL:			\$ _____
LESS MY CONTRIBUTION:			\$ _____
NET TO BE REIMBURSED:			\$ _____

Please deduct from the above amount of expense, the sum of \$_____ which I am hereby making as a contribution to the Presbytery of Prospect Hill.
 Donations: **4058**
 (A signed copy of this voucher will be returned as your receipt for income tax purposes.)

Signed: (payee) _____

Reviewed: (Committee chair) _____

Contribution Acknowledged _____