

EXPENSE VOUCHER
Presbytery of Minnesota Valleys
PO Box 431 ° Kerkhoven MN 56252

Date Submitted: _____

Name: _____

Address: _____

City, State, Zip: _____

COMMISSION/COMMITTEE/TASK FORCE:

MEETING:

Date: _____ Place of Meeting: _____

Reason for Meeting: _____

Miles (Round Trip): _____ @ 35¢ per mile \$ _____

OTHER EXPENSES:

Telephone (itemize on other side) \$ _____

Meals (Number of _____) \$ _____

Other (specify and itemize on other side) \$ _____

Donation: \$ _____

NET TOTAL \$ _____

Approved by: _____

Chairperson

Approved by: _____

Stated Clerk or Executive Presbyter

OFFICE USE ONLY:

Date: _____

Check Number: _____

Account: _____