



For Office Use Only:	
Confirmation #	_____
Date paid	_____
Account Number	_____
Posted	_____

P. O. Box 787, Shell Knob, MO 65747

EXPENSE VOUCHER 2019

The following is an accurate report of the expenses incurred while on Presbytery business, and /or as authorized by Presbytery, its Council or Committee action. Vouchers / requests over \$2,500 MUST receive a second signature by appropriate staff person prior to request being made.

Date: _____

Make check payable to: _____

Address, Street or P.O. Box # _____

City, State and Zip Code _____

Charge to: (Committee or Budget Line Item or Designated Account) _____

Specific Activity: _____

Meeting at: _____

Detailed Accountability:

- Mileage: round trip at \$.20 per mile regardless of number of passengers. For a variety of stewardship reasons, persons are expected to carpool whenever possible.

Total number of miles _____ @ _____ / .20 cents per mile \$ _____

- Miscellaneous (specificity required) _____ \$ _____

Less amount donated to the church (i.e. John Calvin Presbytery) \$ _____

TOTAL: \$ _____

Receipts must be submitted for all expense items over \$20.

Note: Accepting reimbursement could affect your adjusted gross income and income taxes. Please consult with your tax advisor.

Signature of Chairperson of Presbytery Committee or Designee or Acting GP/Pastoral Presbyter or Stated Clerk

APPROVED _____ POSITION _____

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