

Mail to: Presbytery Center, 3521 W 21st St N, Wichita KS 67203-1099 ATTN: Bookkeeper

EXPENSE VOUCHER
PRESBYTERY OF SOUTHERN KANSAS
PRESBYTERIAN CHURCH (U.S.A.)
2017

DATE OF VOUCHER ___/___/___

NAME _____

COMMITTEE/OTHER _____

ADDRESS _____

PLACE OF MEETING _____

CITY/STATE/ZIP _____

DATE OF MEETING ___/___/___

Account No.	Expense Description	Amount
_____	Travel (total miles _____ @.20)	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Total Expenses	\$ _____

Approved by _____

____ An X indicates I would like this reimbursement to be contributed to the Presbytery.

FOR OFFICE USE ONLY: Check No. _____ Date Pd. _____ Amount Pd. _____
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