



The Presbytery of the Peaks

**PO Box 2519
Forest, VA 24551
434-845-1754**



Date _____

Name of Group _____

Purpose of Meeting _____

- 1. Auto Travel – Round Trip Mileage _____ @ .29/Mile \$ _____
- 2. By Public Carrier (Actual Fare) \$ _____
- 3. Parking/Tolls \$ _____
- 4. Lodging \$ _____
- 5. Meal/Food Expense \$ _____
- 6. Postage/Office Supplies \$ _____
- 7. Phone (Attach Invoice) \$ _____
- 8. Printing/Copying \$ _____
- Other \$ _____
- Total Expense(s) \$ _____

- Check here if donating the cost of the expense to the Presbytery.
- Check here if donating the cost to a benevolent fund.
Note: You must indicate the selected fund on the reverse side of this form, and this voucher will be returned to you as a tax deductible donation receipt.

Please Provide Receipts For Expenses Whenever Possible

In order to reimburse, we must receive the voucher within 30 days of the expense.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Approved By _____

<i>For Office Use Only</i>	
Vendor Number _____	Charge _____
Check Number _____	Date _____
Charitable Contribution Received By _____	

Funds Available for Contributions:		
<i>Note: If more than one fund is selected, please indicate amount of donation to each fund.</i>		
Select (X)		<u>Amount</u>
	2 Cents-A-Meal	\$ _____
	Camp Scholarship/Endowment	\$ _____
	Aid to Small Churches-Pannill Fund	\$ _____
	New Church Development	\$ _____
	Candidaties Scholarship Fund	\$ _____
	Mission Travel/Study Fund	\$ _____
		\$ _____
		\$ _____