



**Presbytery of the Peaks  
Expense Voucher**

Date: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

<b>1. Auto Travel-Location/Mileage Total</b>	
a.	
b.	
c.	
Total Mileage @ Federal Mileage Rate	\$
<b>2. By Public Carrier (Actual Fare)</b>	\$
<b>3. Parking/Tolls</b>	\$
<b>4. Lodging</b>	\$
<b>5. Meal/Food Expenses</b>	\$
<b>6. Postage/Office Supplies</b>	\$
<b>7. Printing/Copying</b>	\$
<b>8. Additional Expenses-Not Listed Above</b>	
a.	\$
b.	\$
c.	\$
<b>Total Expenses</b>	\$

**Please provide receipts for expenses wherever possible**

*Vouchers must be received within 30 days of the expense for reimbursement.*

Name:

Address:

City:

State:

Zip:

Phone:

**Approved By:**



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