

The Presbytery of New Harmony
Presbyterian Church (USA)

Expense Voucher

Purpose/Function _____

Location _____ Date _____

Travel Expenses

Mileage Reimbursement (calculation will be based on IRS Approved
\$.625 per mile round trip from starting location using Google Maps)

\$ _____

Starting address: _____

Return address: *(if different from starting address):*

Other Expenses: (attach receipts)

Air Fare \$ _____

Lodging \$ _____

Meals \$ _____

Other *(list on reverse side)* _____ \$ _____

Total Expenses \$ _____

**Please note that the Presbytery reimburses its volunteers at the IRS volunteer rate.*

PAY TO: _____

please print name clearly or type

ADDRESS (new address or change of address only):

(street or P.O. Box)

(City, State, Zip)

Signature

Authorized by: _____

(must be authorized by moderator of committee, executive or associate presbyter)

For Presbytery Office Use:

Date Paid: _____

Check No: _____

Account No: _____