Presbytery of Prospect Hill – Expense Voucher

Name_____ **Budget Line Item**_____

Address_____

City, State, ZIP_____

Date	Detail	Rate per Mile*	Round Trip Mileage	Other Expense	Total

Subtotal: **$**_____

Less my Contribution: **$**_____

Total Due: **$**_____

Signed (Payee)_____

Approved for Payment_____
(Committee Moderator or Presbytery Staff)

Please deduct from the above amount of expense the sum of $_____, which I am hereby making as a contribution to the Presbytery of Prospect Hill.

Signature of Contributor_____ Date_____

Contribution Acknowledged_____

(A signed copy of this voucher will be returned as your receipt for income tax purposes.)

Submit completed and signed voucher, with receipts attached, to: **Presbytery Office**
Lakeshore Center at Okoboji
1864 Hwy. 86
Milford, IA 51351

*2019 IRS reimbursement rates are: Committee members – 14 cents/mile
Presbytery Staff – 58 cents/mile

Revised 2/13/19