

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**

*2020 IRS reimbursement rates are: Committee members - 14 cents/mile
Presbytery Staff - 57.5 cents/mile

Revised 1/8/2020