

Presbytery of the Mid-Atlantic

Expense Voucher 2019

COMMITTEE / COMMISSION: _____ DATE: _____

PURPOSE OF EXPENSE INCURRED: _____

PAYABLE TO: _____

ADDRESS: _____

Indicate if change from previously submitted address _____

CAR EXPENSE: Mileage _____ x 0.58 rate = \$ _____

MEALS (ATTACH RECEIPTS): \$ _____

LODGING (ATTACH RECEIPTS): \$ _____

MISC. EXPENSE (ATTACH RECEIPTS): \$ _____

TOTAL OF ALL EXPENSES: \$ _____

*****OFFICE USE ONLY*****

* DATE PAID _____ *

*CHECK # _____ *

*INITIALS _____ *

SUBMIT TO:

MR. TIM BURNS, TREASURER
2514 Plantation Center Drive
Matthews NC 28105
tburns@stewardshippartners.com
PHONE (704) 841-7828
FAX (704) 321-0185