

PRESBYTERY OF WYOMING

Check No. _____

2020 TRAVEL REIMBURSEMENT VOUCHER

Check Date _____

DATES OF TRAVEL _____

Complete and give to Committee Chair for Signature

PROGRAM/PROJECT OR MEETING OF _____
(Committee)

HELD AT _____ DATE _____

TOTAL MILES (Round Trip) _____ From _____ To _____ TOTAL MILES x .14= _____
Mileage for Each Additional Delegate/Committee Member: (Enter amount on first line below)

TOTAL MILES _____ x .02 CENTS PER MILE _____

Please attach Receipts

TRAVEL - MILEAGE FROM ABOVE AMOUNT \$ _____ ACCOUNT # _____

OTHER TRAVEL \$ _____

<u>MEALS:</u>	<u>No.</u>	<u>Max. allowance for:</u>	<u>Restaurant</u>	<u>Church</u>	AMOUNT	ACCOUNT #
	()	Breakfast	\$4.50	\$3.50	\$ _____	_____
	()	Lunch	\$6.00	\$4.50	\$ _____	_____
	()	Dinner	\$8.00	\$6.00	\$ _____	_____

LODGING (Not reimbursed for Presbytery Meetings) **Attach Receipts** \$ _____

TELEPHONE, CELL PHONE, INTERNET ACCESS \$ _____

OTHER EXPENSES: _____ \$ _____
_____ \$ _____

TOTAL \$ _____

Amount, if any, to be donated back to the Presbytery of Wyoming - _____

REIMBURSABLE TOTAL \$ _____

My signature below, in fact, represents the money due in accordance with the Presbytery reimbursement policy:

AUTHORIZED BY: _____

COMMITTEE/POSITION _____
(Committee Name & Position Held)

PAY TO: (Please Print) _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

PHONE # _____