

PRESBYTERY OF WYOMING

Check No. _____

2024 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= _____
(Enter amount on first line below)

Please attach Receipts

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

OTHER TRAVEL AMOUNT \$ _____ ACCOUNT # _____

MEALS: No. Max. allowance for: Restaurant Church 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** AMOUNT \$ _____ ACCOUNT # _____

TELEPHONE, CELL PHONE, INTERNET ACCESS AMOUNT \$ _____ ACCOUNT # _____

OTHER EXPENSES: _____ AMOUNT \$ _____ ACCOUNT # _____

_____ AMOUNT \$ _____ ACCOUNT # _____

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 # _____