

**EXPENSE VOUCHER**

**Presbytery of Transylvania  
P.O. Box 23580  
Lexington, KY 40523**

Date of expense: \_\_\_\_\_ Location: \_\_\_\_\_

Purpose: \_\_\_\_\_

*PLEASE TURN IN RECEIPTS OR INVOICES WITH VOUCHERS*

	<b>AMOUNT</b>	<b>ACCOUNT#</b>
Item(s)/services purchased: _____	\$ _____	_____
_____	\$ _____	_____
_____ Miles @ _____/mile	\$ _____	_____
Parking/Tolls	\$ _____	_____
Meals	\$ _____	_____
Motel/Hotel _____ nights	\$ _____	_____
Telephone	\$ _____	_____
Postage	\$ _____	_____
<b>Total Expenses:</b>	<b>\$ _____</b>	
I would like to donate to the ministry of the presbytery	\$ _____	
<b>Total reimbursement requested</b>	<b>\$ _____</b>	

Please make check payable to

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**Authorized by** *(must be committee chair)*

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Check # \_\_\_\_\_ Paid by \_\_\_\_\_ Date \_\_\_\_\_