

THE JOHN KNOX PRESBYTERY
 1850 Bohmann Drive, Suite 1
 P. O. Box 350
 Richland Center, WI 53581-0350

608-647-8828
 800-424-7935
jkp@jknox.org

2019 EXPENSE VOUCHER

Pay To: _____ Date _____

Address: _____

Purpose of Expense: _____

Please itemize expenses below:

<u>Budget Number</u>	<u>Item Title From Budget</u>	<u>Total Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Due \$ _____

I hereby donate the following amount to The John Knox Presbytery.

(A copy of the voucher will be sent to you.) _____

TOTAL AMOUNT TO BE PAID \$ _____

Paid by Check # _____
 Date Paid _____
 Verification Initials _____

Signed By: _____
 Authorized By: _____

DATE	DESCRIPTION	AMOUNT
	Auto Travel: Miles @ 20¢ per mile	
	Passenger(s): Miles @ 2¢ per mile	
	Parking	
	Public Transportation	
	Accommodations	
	Meals	
	Telephone	
	Postage	
	Other	