

2024 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	