



**PRESBYTERY OF NORTHERN KANSAS**  
**EXPENSE REIMBURSEMENT VOUCHER**

Date: \_\_\_\_\_

Reimbursement Payable To: \_\_\_\_\_

Email Address for payee: \_\_\_\_\_

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

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

Submitted by: \_\_\_\_\_

Date of Meeting/Expense: \_\_\_\_\_ Meeting Place: \_\_\_\_\_

Committee: \_\_\_\_\_ Event-Activity: \_\_\_\_\_

One voucher per committee meeting or event per person.  
Voucher expenses must be submitted within 30 days from date of meeting or event.  
Voucher must be approved before payment is issued.  
*Vouchers submitted after December 31, will not be approved for payment.*

Mail voucher to: Presbytery of Northern Kansas, PO Box 3287, Salina, KS 67402-3287

Email voucher to: [accounting@pnks.org](mailto:accounting@pnks.org)

Fax: 785-825-5071

MILEAGE: Number of miles \_\_\_\_ X \$ . \_\_\_\_ per mile .....\$ \_\_\_\_\_  
(.22 per mile for driver plus .03 per mile for each additional rider up to .31 per mile maximum)

**PLEASE ATTACH RECEIPTS • PLEASE ATTACH RECEIPTS • PLEASE ATTACH RECEIPTS • PLEASE ATTACH RECEIPTS**

MEALS: (\$3.00 for breakfast, \$6.00 for lunch & dinner) \$ \_\_\_\_\_

LODGING: (double occupancy when possible) \$ \_\_\_\_\_

POSTAGE: \$ \_\_\_\_\_

PHONE CALLS: \$ \_\_\_\_\_

MISCELLANEOUS:(ie: turnpike fees, photocopies, etc) \$ \_\_\_\_\_

**TOTAL VOUCHER \$ \_\_\_\_\_**

\_\_\_\_\_ *An X indicates payee would like this reimbursement to be contributed to the Presbytery*

Account Code \_\_\_\_\_

Signed by \_\_\_\_\_  
Committee Moderator or other authorized person

Approved by \_\_\_\_\_  
General Presbyter