

PRESBYTERY OF NORTHERN KANSAS EXPENSE VOUCHER

Date of Voucher: _____

Name: _____

Check Payable To (if someone other than You, I.E. Your congregation, business): _____

Email Address for payee: _____

Street or PO Address: _____

City: _____ State: _____ Zip: _____

Date of Meeting/expense: _____ Meeting Place: _____

Committee to be billed: _____ 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.

Vouchers submitted after December 31, year end, will not be approved for payment.

Voucher must be approved before payment is issued.

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

Email voucher to: office@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)

MEALS: (\$3.00 for breakfast, \$6.00 for lunch & dinner) **Please Attach Receipts \$** _____

LODGING: (double occupancy when possible) **Please Attach Receipts \$** _____

POSTAGE: **Please Attach Receipts \$** _____

PHONE CALLS: **Please Attach Receipts \$** _____

MISCELLANEOUS:(ie: turnpike fees, photocopies, etc) **Please Attach Receipts \$** _____

TOTAL VOUCHER \$ _____

_____ *An X indicates I would like this reimbursement to be contributed to the Presbytery*

Account Code _____

Signed by _____
Committee Moderator or other authorized person

Approved by _____
General Presbyter