

Data entry by _____
Check # _____
Date Paid _____
Check signed by _____

Data entry by _____
Check # _____
Date Paid _____
Check signed by _____

DISBURSEMENT VOUCHER

Presbytery of Lake Huron
PO Box 6129
Saginaw MI 48608-6129

Fund/Account# _____

Line item name _____

Make check payable to: _____

Address: _____

City, State, Zip: _____

I wish to have \$ _____ of the total of this voucher to be credited as a contribution to the Presbytery of Lake Huron.

Please mail a receipt to the above address.

Meeting _____ Date _____

Destination: from _____ to _____

NOTE: Expenses over 90 days old will be paid only on approval of the Coordinating Team • All expenses over \$10.00 – except mileage – require receipts for reimbursement.

AMOUNT

_____ miles @ .30/mile (driver only)	\$ _____
_____ miles @ .01/miles (per passenger)	\$ _____
Telephone calls	\$ _____
Postage, copies, etc.	\$ _____
Other transportation	\$ _____
Other (itemize)	\$ _____
_____	\$ _____

TOTAL \$ _____

NOTE: Any amount paid over 14 cents per mile to a volunteer (the IRS maximum amount allowed for charitable mileage) is reported, by recipient, to IRS as income.

Approved by _____ Date _____

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