

Presbytery of Ohio Valley Expense Voucher

(please use a separate voucher for each committee/commission)

Name _____
Address _____
City/State/Zip _____

Committee/Commission: _____

Date of Expense: _____ Purpose: _____

Travel Expenses

____ # of miles x 0.25 = \$ _____
____ # of additional passengers
x ____ # of miles
= ____ x 0.03 = \$ _____
Total Travel Expense \$ _____

Other Expenses (attach receipts, except for childcare)

Meals: # of days _____ = \$ _____
Lodging: # of days _____ = \$ _____
Other (Itemize) _____ = \$ _____
_____ = \$ _____
_____ = \$ _____

Childcare: # of hours _____ @ \$ _____/per hour = \$ _____
(up to \$10 per hour for up to 8 hours)

Subtotal \$ _____
Less My Contribution - \$ _____
Total Reimbursement \$ _____

Moderator Initials: _____ Return To: Presbytery of Ohio Valley
1701 E. 2nd St, Suite 100
Bloomington, IN 47401

Approval of Exec Presbyter or Designee: _____

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