



PRESBYTERY
of West Virginia

520 Second Avenue South Charleston West Virginia 25303-1311 304-744-7634 Fax 304-744-7649

Expense Voucher

Name _____ Social Security # _____ - _____ - _____

Address _____

City _____ State _____ Zip _____

Name of Committee: _____

Place/Account: _____

Date: _____ Purpose: _____

Travel Expenses: Did this trip include an overnight stay? Yes No

[Note: The IRS volunteer rate is \$0.14 per mile and you may be liable for taxes on the difference.]

Auto Miles _____ @ \$0.22 per mile..... \$ _____

Car Pooling Miles _____ @ \$0.35 per mile.....\$ _____

Passengers _____

Tolls/Parking\$ _____

Meals: Number of Meals _____

Number of Persons _____ \$ _____

Lodging: Number of Nights _____

Number of Persons _____ \$ _____

Non-Travel Expenses:

Telephone: (Detail must be attached)..... \$ _____

Postage:..... \$ _____

Copies: \$ _____

Other: (List)..... \$ _____

Total Expenses: \$ _____

Amount to consider as a gift to Presbytery mission credited to this committee (\$ _____)

Total Reimbursement Due: \$ _____

Signature: _____ Date _____

Approved By: _____ Date _____



For Your Records:

Name of Committee: _____

Place/Account: _____

Date: _____ Purpose: _____

Travel Expenses: \$ _____

Non-Travel Expenses: \$ _____

Total Expenses: \$ _____

Amount to consider as a gift to Presbytery mission credited to this committee(\$ _____)

Total Reimbursement Due:\$ _____