

Salem Presbytery Corporation
P.O. Box 1763, Clemmons, NC 27012-1763
Ph: 336-766-3393 Fax: 336-766-7153

EXPENSE VOUCHER – COMMITTEE USE
(Receipts Required – Please Attach)

Date: _____

PAYABLE TO/ MAIL CHECK TO: _____

ADDRESS: _____

PURPOSE OF EXPENSE: _____

NAME OF EXPENSE ACCOUNT: _____

SIGNATURE: _____

SIGNATURE OF APPROVAL BY MODERATOR/CHAIR: _____

ITEMIZED EXPENDITURES

EXPENSE ITEM	AMOUNT	OFFICE USE ONLY
POSTAGE	\$	
TELEPHONE	\$	
TRAVEL (Detail on reverse side)	\$	
OTHER		
1.	\$	
2.	\$	
TOTAL EXPENSES	\$	

Committee Meeting Mileage Expense Voucher

Salem Presbytery

P. O. Box 1763, Clemmons, NC 27012

Ph: 336-766-3393 Fax: 336-766-7153

Committee Meeting of _____

Date _____

Moderator Signature _____

Name	Mail to:	Mileage Round Trip	No. of Passengers	Names of Passengers (Required)	Other Exp. (Receipt Required)	Office Use Only
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

Total round trip mileage for each meeting will be paid to driver @ \$.255 per mile plus an additional \$.03 per mile per passenger up to \$.345.

Childcare which is necessary to enable a committee person to attend a meeting will be paid at the rate of \$4.00 per hour per family.

Per action of Council, no reimbursement will be made for food for committee meetings.