

EXPENSE VOUCHER – COMMITTEE USE

(Receipts Required – Please Attach)

Salem Presbytery Corporation

P.O. Box 1763, Clemmons, NC 27012-1763

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

Office Use Only:
Amt: _____
Inv Date: _____
Current Mo: _____ Accrual: _____
Acct: _____
Approval: _____

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	\$	

*****Payment will be disbursed once Minutes are received that reflect this action*****

Committee Meeting Mileage Expense Voucher

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Office Use Only:
Amt: _____
Inv Date: _____
Current Mo: _____ Accrual: _____
Acct: _____
Approval: _____

Committee Meeting of _____

Moderator Signature _____

Date _____

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.

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