

Women of the ELCA  
South Central Wisconsin Synodical Women's Organization

Expense Voucher

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Expenses:

Mileage – number of miles \_\_\_\_\_ x \$.14 (miles driven in service of charitable organization) =  
\$ \_\_\_\_\_

Mileage – number of miles \_\_\_\_\_ x \$.545 (miles driven for business (speakers/guests)) =  
\$ \_\_\_\_\_

Purpose of trip \_\_\_\_\_

Date of meeting \_\_\_\_\_ Location of meeting \_\_\_\_\_

Other expenses (attach receipts if possible):

Telephone & purpose \_\_\_\_\_ \$ \_\_\_\_\_

Postage & purpose \_\_\_\_\_ \$ \_\_\_\_\_

Copying & purpose \_\_\_\_\_ \$ \_\_\_\_\_

Other please describe & purpose \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send request to Synodical Treasurer  
Bonnie Gilbertson  
5498 Windridge Road  
Oregon, WI 53575  
))  
To be completed by Synodical Treasurer 1/28/2018  
Date Voucher Paid \_\_\_\_\_  
Check number \_\_\_\_\_  
Amount paid \$ \_\_\_\_\_