Women of the ELCA

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 $.585 (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 Sandy Seffrood, 8329 County Road D, South Wayne, WI 53587
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To be completed by Synodical Teasurer
Date Voucher Paid ___________________ Check number ___________________
Amount paid $ __________________

Revised May 2022