

## 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 \$.625 (miles driven for business	
(speakers/guests)) = \$		
Purpose of trip		
Date of meeting Location of meeting		
Other expenses (attach receipts if possi	ible):	
Telephone & purpose		\$
Postage & purpose		\$
Copying & purpose		\$
Other please describe & purpose		
		**\$
Total Expenses \$		
Signature		Date
Send request to Synodical Treasurer Sa	andy Seffro	od, 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 \$		