

CENTRAL FLORIDA PRESBYTERY
924 N. Magnolia Avenue, Suite 100, Orlando, FL 32803
EXPENSE VOUCHER

Date Submitted _____ Date of Meeting _____
Committee _____ Budget Line Item _____ Account # _____

MILES TRAVELED: _____ AT \$.14 PER MILE \$ _____

MEALS: \$ _____

ALL OTHER EXPENSES:

_____ \$ _____
\$ _____
\$ _____

TOTAL EXPENSES TO BE REIMBURSED: (Attach Supporting Documents, e.g. airline ticket, hotel bill, etc.) \$ _____

* * In lieu of reimbursement, please send a receipt for contribution to the address shown below. Contributed to:

_____ New Church Development Fund
_____ Unrestricted Contribution

PAY TO: (PRINT FULL NAME AND ADDRESS)

SIGNATURE OF PERSON SUBMITTING VOUCHER:

*IF OVER \$100, APPROVED BY CHAIR:

FOR OFFICE USE ONLY

AMOUNT \$ _____
DATE PAID _____
CHECK NUMBER _____
A/C NUMBER _____

AUTHORIZED SIGNATURE _____

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CFP-0402.act 1/12/00