

PACIFIC NORTHWEST CONFERENCE UNITED WOMEN IN FAITH
Expense Voucher

Submitted by _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Meeting/Event _____

Please attach receipts or bills and itemize them.

Office Expenses

Telephone \$ _____

Printing, Copying, etc. \$ _____

Postage \$ _____

Officer Expense \$ _____

Other (describe) \$ _____

Travel Expenses

_____ miles (roundtrip) @\$\$.35/mile \$ _____

_____ miles _____ passenger(s) @\$\$.05/miles \$ _____

Total mileage reimbursement \$ _____

Airfare/Bus fare \$ _____

Meals (number _____) \$ _____

Lodging \$ _____

Other (describe) _____ \$ _____

TOTAL \$ _____

Approved _____
President Secretary

Date Paid _____ Check No. _____

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