

# PRESBYTERY OF MACKINAC

Expense Voucher  
(Committees and Officers)



Name \_\_\_\_\_ Telephone \_\_\_\_\_

Home Address \_\_\_\_\_  
Your check will be sent to the above address, please include zip code.

Date of Meeting \_\_\_\_\_

Church \_\_\_\_\_

Expenses to be charged to (Please check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Committee on Ministry         | <input type="checkbox"/> Education & Leadership |
| <input type="checkbox"/> Nominations & Representations | <input type="checkbox"/> Budget & Finance       |
| <input type="checkbox"/> Session Records               | <input type="checkbox"/> Coordinating Council   |
| <input type="checkbox"/> Mission                       |   |
| <input type="checkbox"/> Personnel                     |   |
| <input type="checkbox"/> Other _____                   |   |

Amount

**EXPENSE ITEMS**

Mileage (14 cents per mile per car)	\$ _____
Lodging (must attach receipt)	_____
Meals (Max. allowable: Breakfast \$2.50, Lunch \$3.50; Supper \$6.00)	_____
Bridge Toll	_____
Other (specify & attach receipt)	_____
<b>Total Expenses</b>	<b>\$ _____</b>
<b>LESS TAX DEDUCTIBLE DONATION \$</b>	<b>_____</b>
<b>Amount Requested</b> (Check will be mailed to address you indicate above)	<b>\$ _____</b>

Signed \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Presbytery of Mackinac, P.O. Box 674, Petoskey, MI 49770

For Office Use:

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| <input type="checkbox"/> Nominations & Representations | <input type="checkbox"/> Budget & Finance       |
| <input type="checkbox"/> Session Records               | <input type="checkbox"/> Coordinating Council   |
| <input type="checkbox"/> Mission Studies               |   |
| <input type="checkbox"/> Personnel                     |   |
| <input type="checkbox"/> Other _____                   |   |

Amount

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