



The Presbytery of the Peaks

**PO Box 2519
Forest, VA 24551
434-845-1754**



Date _____

Name of Group _____

Purpose of Meeting _____

- 1. Auto Travel – Round Trip Mileage _____ @ .29/Mile \$ _____
- 2. By Public Carrier (Actual Fare) \$ _____
- 3. Parking/Tolls \$ _____
- 4. Lodging \$ _____
- 5. Meal/Food Expense \$ _____
- 6. Postage/Office Supplies \$ _____
- 7. Phone (Attach Invoice) \$ _____
- 8. Printing/Copying \$ _____
- Other \$ _____
- Total Expense(s) \$ _____

- Check here if donating the cost of the expense to the Presbytery.
- Check here if donating the cost to a benevolent fund.
Note: You must indicate the selected fund on the reverse side of this form, and this voucher will be returned to you as a tax deductible donation receipt.

Please Provide Receipts For Expenses Whenever Possible

In order to reimburse, we must receive the voucher within 30 days of the expense.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Approved By _____

| | |
|---|--------------|
| <i>For Office Use Only</i> | |
| Vendor Number _____ | Charge _____ |
| Check Number _____ | Date _____ |
| Charitable Contribution Received By _____ | |

| Funds Available for Contributions: | | |
|--|------------------|---------------|
| <i>Note: If more than one fund is selected, please indicate amount of donation to each fund.</i> | | |
| Select (X) | | <u>Amount</u> |
| | 2 Cents-A-Meal | \$ _____ |
| | Missional Grants | \$ _____ |