

Presbytery of Southeastern Illinois

Preparation for Ministry Expense Voucher

OFFICE USE ONLY
Date: _____
Check # _____
Approved: _____

Event Date: _____

Name: _____

Remittance Address: _____

	<u>Mileage</u> -.14/per mile (plus .07 per mile/per passenger)			
	Total Miles	Mileage	Meals	Other *
Travel & Meeting (502000) _____		\$ _____	\$ _____	\$ _____
Candidate Care (502020) _____		\$ _____	\$ _____	\$ _____
			VOUCHER TOTAL	\$ _____

*Explanation of **OTHER**: _____

Moderator's Signature: _____

For Reimbursement – Please email completed and signed voucher **and all receipts** to: office@psei.net.

