

**PRESBYTERY OF NEVADA
EXPENSE REIMBURSEMENT VOUCHER**

**See Policy 5 for Information regarding Reimbursement for
Presbytery Meetings, Committees & Commissions**

Date of Meeting: _____
Place and Purpose of Meeting: _____

Mileage (round trip) [miles x .50] _____ \$ _____
[miles may be computed by Director of Finance]
Airfare _____
Rental Car _____
Other _____

TOTAL TRANSPORTATION \$ _____

(List items on back) Lodging _____
Meals _____
Other _____

TOTAL \$ _____

**PLEASE ATTACH RECEIPTS AND
REGISTRATION FORM**

Signed: _____
Print Name: _____
Address: _____

Phone or Email: _____
AUTHORIZATION: _____
PRINT NAME/TITLE: _____

**IF NOT TURNED IN AT MEETING, THEN
MAIL TO:**

**** Presbytery of Nevada
Director of Finance
2613 Empire Ranch Rd. #22076
Carson City, NV 89706**



rev 7/12/22

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