

Winnebago Presbytery • 181 East North Water Street, Suite #207 • Neenah, WI 54956

Please type or print

complete name and address of **Payee:** _____

Date _____

Attach copy of bill or invoice _____

Invoice # _____

Purpose of Expense (Committee or Event) _____

Account Number	Description	Amount
	Round Trip Miles (\$\$.15/mile)	
	Round Trip Miles (\$\$.02/passenger)	
	Telephone	
	Postage	
	Child/Adult Day Care @ \$3.00/Hr.	
	Other (Explain)	
	TOTAL	\$ _____
	Less Contribution	\$ _____
	NET REIMBURSEMENT	\$ _____

I would like to make a contribution to Winnebago Presbytery. Please deduct \$_____ from my total expenses. **A copy of this voucher will be returned as verification of your donation.**

Requested by: _____ Authorized by: _____
 Rev. 4/2006 Committee Chair/Staff Person

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