NEW CASTLE PRESBYTERY

EXPENSE VOUCHER

DATE: _____

PAYEE: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

RECEIVE INVITATION FOR BANK AUTO PAY: Yes _____ **No** _____
(If no, check will be issued by payment processor and mailed via USPS)

COMMITTEE/COMMISSION/OTHER: _____
****

	AMOUNT
TRAVEL *(Attach receipts, where applicable)*:	
A. Plane, Train, Transport Service, Parking, Tolls	$_____
B. Automobile (total miles) _____ @ $._____ per mile*=	$_____

NOTE: Committee mileage is reimbursed at one-half the IRS business rate.

LODGING & MEALS *(Attach receipts)*: $_____

MISCELLANEOUS *(Attach receipts)*: $_____

TOTAL EXPENSES: $_____

TO REMIT EXPENSES: Complete form, attach minutes and receipts. Scan all documents as a PDF and email to committee chair or presbytery office for approval below.

APPROVED BY *(Committee Chair/Presbytery Office)*:

TITLE: _____   **DATE:** _____   _____
                                                        Log in to your Adobe account to digitally sign above, or type name for approval.

Approver signs and emails to: newcastlepresbytery@bill.com