

# EXPENSE VOUCHER

WESTERN IOWA SYNOD  
PO BOX 577  
STORM LAKE, IA 50588

Please attach receipts for any items other than mileage.

Meeting \_\_\_\_\_

Meeting Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Miles Round Trip \_\_\_\_\_

Motel \_\_\_\_\_

Meals \_\_\_\_\_

Phone Calls \_\_\_\_\_

Printing \_\_\_\_\_

Postage \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

## FOR OFFICE USE ONLY

Account # \_\_\_\_\_

Vendor # \_\_\_\_\_

Reimbursement Rate	Total
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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Authorized by: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU WISH TO BE REIMBURSED? \_\_\_\_YES \_\_\_\_NO

IF NO, WOULD YOU LIKE AN IN-KIND GIFT RECEIPT AT THE END OF THE YEAR? \_\_\_\_YES \_\_\_\_NO

Signature \_\_\_\_\_

Date \_\_\_\_\_