PRESBYTERIAN WOMEN IN THE SYNOD OF THE COVENANT
EXPENSE VOUCHER

Date: _____

Charge to: _____

List expenses and attach receipts, if pertinent

_____ Miles at $.30 per mile	$ _____
_____ Passengers (PWS-CT) at $.01 per mile	$ _____
Toll and bridge fees	$ _____
Meals	$ _____
Telephone	$ _____
Postage	$ _____
Printing/Copying	$ _____
Other (itemize)	$ _____
Other (itemize)	$ _____
TOTAL EXPENSES	$ _____

I wish to have $ _____ of my cost credited as a contribution to PW in the Synod of the Covenant.

Make check payable to: Amount: $ _____

Name _____

Address _____

City _____ State _____ Zip Code_____

Authorized by 1. _____ Date _____

2. _____ Date _____

Check number _____ Date _____

Mail to: Sera A. Gresh
31729 Commodore Ct.
Avon Lake OH 44012-2902

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