LUTHERAN WOMEN'S MISSIONARY LEAGUE TEXAS DISTRICT
EXPENSE VOUCHER

VOUCHER _____

Expense check due:

TO _____

Address_____

City _____ **, TX Zip** _____

Email_____

Office of Requestor _____

Signature _____ **Date** _____

Approved _____ **Com. Chr.** _____

Approved _____ **President** _____

TRAVEL EXPENSES:

Function _____ **Date** _____

Travel from _____ **to** _____

Circle one: Round Trip ☐ **One Way** ☐

_____**miles @** _____ **per mile =** 0.00 **$** _____

And/or lowest Airfare from _____

to _____ **$** _____

Parking $ _____ **Travel Tips $** _____ **$** 0.00

Meals _____ **$** _____

Lodging _____ **nights @** _____ **per night** **$** 0.00

OTHER EXPENSES:

Supplies _____ **$** _____

Postage/Phone _____ **$** _____

Printing/Copies _____ **$** _____

Other _____ **$** _____

_____ **$** _____

VOUCHER TOTAL **$** 0.00

Less donation in lieu of payment

(A copy of this form is your receipt) **$** _____

BALANCE DUE RECIPIENT **$** 0.00

Additional information:

Treasurer's Use Only

Check # _____

Date Paid _____

Amount $ _____

Donated $ _____

Treasurer Signature:

_____

Expense Codes	Donation Notes
Total	

Attach all necessary receipts. Submit within 60 days of event for guaranteed payment. Committee members send to Committee Chairman for approval prior to chairman's submission to District President. All others submit directly to the President.

Revised 2016