

EXPENSE VOUCHER

LUTHERAN WOMEN'S MISSIONARY LEAGUE CNH

Please issue check in the amount of \$ _____

FOR TREASURER ONLY

TO: NAME _____
 ADDRESS _____

 (CITY) (STATE) (ZIP)

Check # _____
 Date Paid _____
 Treasurer _____

DESCRIPTION OF EXPENSES:	AMOUNT
Postage _____	\$ _____
Supplies _____	\$ _____
Printing & Copying _____	\$ _____
Mileage* _____	\$ _____
Parking & Bridge tolls _____	\$ _____
Lodging _____	\$ _____
Other (specify) _____	\$ _____
Other (specify) _____	\$ _____
TOTAL	\$ _____
I WISH TO DONATE THIS AMOUNT TO:	\$ _____

I prefer a donation receipt for taxes in lieu of payment

TOTAL AMOUNT DUE \$ _____

Mileage* ^{1.50}
 .30 per mile
 Include date, purpose
 and place of meeting

SIGNED _____
 POSITION _____
 DATE _____
 APPROVE _____
 Committee Chairman Date

PLEASE ATTACH ALL RECEIPTS

 LWML CNH President Date