



Presbytery Center
192 Broad St. Bloomfield, NJ 07003-2606
973-429-2500 office • 973-429-2333 fax
www.newarkpresbytery.org • info@newarkpresbytery.org

Committee/Team Reimbursement Voucher

Please print or enter information electronically

NAME: _____

ADDRESS: _____

PURPOSE: _____

DATE(S) EXPENSES INCURRED: _____

Reimbursement is requested for the following expenses which were incurred for the above-mentioned purpose:
(Please attached receipts or supporting detail as available and for all expenditures over \$100.00)

Auto Travel:

Mileage (_____ miles @ _____ per mile) _____

Tolls and/or Parking Fees _____

Taxi and/or Bus Fare _____

Air and/or Train Fare _____

Lodging _____

Supplies/Materials (Please itemize on reverse side) _____

Expenses charged on debit/credit card (Please list on reverse side) _____

Other (Please specify) _____

TOTAL EXPENSES _____

Less Advance _____

Reimbursement Requested _____

Signed: _____

Date: _____

Approved: (Committee Moderator/Team Leader): _____

- | | | |
|------------|--|--|
| Charge to: | <input type="checkbox"/> Board of Trustees | <input type="checkbox"/> Committee on Preparation |
| | <input type="checkbox"/> Committee on Examinations | <input type="checkbox"/> Committee on Representation |
| | <input type="checkbox"/> Committee on Ministry | <input type="checkbox"/> Mission Council |
| | <input type="checkbox"/> Committee on Nominations | <input type="checkbox"/> Other (Specify) _____ |

Presbytery Approval: _____

Date Check Mailed: _____

Revised 6/09

Supplies/Materials Itemization:

Debit/Credit Card Expenses:

Date of Expenses	Time of Expenses	Place Where Expenses Were Incurred	Amount Expended	Business Purpose Details	Business Relationship to Expenses