

DISBURSEMENT VOUCHER

PRESBYTERY OF SOUTH DAKOTA
100 South Spring Ave Ste. 175
Sioux Falls, SD 57104

PAYEE _____ DATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

If new address, please check: ()

DATE OF EXPENSE _____ PURPOSE _____

AUTOMOBILE TRAVEL FROM _____ TO _____

• DRIVER: Round Trip Mileage is _____ miles x \$0.375 per mile: \$ _____

• _____ AUTHORIZED PASSENGER(s) _____ Total Miles x .02 per mile \$ _____

* Names of riders _____

• MEALS: *Attach receipt* \$ _____

• LODGING: *Attach receipt* \$ _____

• OTHER: (Specify) *Attach receipt* _____ \$ _____

➤ PLEASE DEDUCT from the total expense which I hereby make as a contribution to the Presbytery of South Dakota (\$ _____)

GRAND TOTAL: _____ \$ _____

- Please remember to attach all receipts, invoices, statements, copies of airline tickets, motel bills, telephone bills, etc. These must be attached.
- Acknowledgement of this charitable deduction will be made on the upper portion of the check. A letter of acknowledgement will be sent to those contributing the full amount to the Presbytery of South Dakota.

❖ Requested by (Signature): _____

❖ Approved by: _____

Charge to Account #: _____ Account Name: _____

Treasurer: _____ Date: _____ Check # _____