

**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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