 

(2024 VOUCHER. ALL INFORMATION MUST BE COMPLETE FOR PAYMENT, INCLUDING ACCOUNT NUMBERS. FOR A LIST OF COMMONLY USED ACCOUNTS, PLEASE SEE OUR WEBSITE)

Committee Name

Remit-to Name:

Address:

Cell phone number *(may be needed to receive verification code for electronic payment*):

Date submitted: /

(*Please attach all receipts – for meals include original itemized receipt and list names of those at the meal. Please provide log of miles on reverse side.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Description of Expense | Account # | Amount |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  | Mileage Total miles:SELECT ONE x 67 cents/mile business mileage rate **or** x 14 cents/mile volunteer mileage rate  |  | $ |
|  | provide log of miles on reverse side Total |  | $ |

Approved by: Date:

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* Office Use \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

**PRESBYTERY OF THE GENEVA**

MILEAGE LOG

NAME: MONTH/ YR

|  |  |  |
| --- | --- | --- |
| DATE | LOCATION AND PURPOSE OF TRAVEL | MILES DRIVEN |
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|  |  |  |
|  | ENTER TOTAL MILES ON VOUCHER |  |