

EXPENSE VOUCHER

LUTHERAN WOMEN'S MISSIONARY LEAGUE
WASHINGTON-ALASKA DISTRICT

Date: _____

Pay to: _____

Address: _____

Phone # _____

Submitted by: _____

Travel for Meeting: _____

Miles (one way) _____ x2 = _____ x .35 = \$ _____

Budget Item

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Expenses \$ _____

Total Donated \$ _____

Net Due \$ _____

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Net Due \$ _____

Please leave blank below for Treasurer and Approvers

Donated \$ _____ Receipt _____ Date _____

Check # _____ Date _____ TOTAL PAID _____

Vice President/Department Coordinator

District President

Please leave blank below for Treasurer and Approvers

Donated \$ _____ Receipt _____ Date _____

Check # _____ Date _____ TOTAL PAID _____

Vice President/Department Coordinator

Copy _____
District President