

**SYNOD OF THE ROCKY MOUNTAINS
VOLUNTEER EXPENSE VOUCHER**

EVENT or COMMITTEE _____ Date _____

Office Use Only
Acct # _____
Check # _____
Date _____
Amt _____

TRAVEL: Car Miles _____ @ .14 per mile \$ _____
plus .04 per mile additional synod-related passenger \$ _____
Name of rider(s) _____

Air Fare (Coach) _____ \$ _____
(attach ticket stub/receipt)

MEALS \$ _____

LODGING: Number of nights: _____ \$ _____

BUS, TAXI, LIMOUSINE, PARKING \$ _____

COMMITTEE EXPENSE: Phone, postage, supplies \$ _____

OTHER (specify) _____ \$ _____

_____ \$ _____

TOTAL EXPENSES \$ _____

*Please accept my BENEVOLENCE GIFT for Synod
in the amount of (\$ _____)*

TOTAL REQUESTED ON VOUCHER \$ _____

Signed _____ Date _____

Make check payable to: _____

Address: _____

Phone _____

APPROVED _____ Date _____

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