

Presbytery of the Central Carolinas

Expense Voucher 2024

COMMITTEE / COMMISSION: _____ DATE: _____

PURPOSE OF EXPENSE INCURRED: _____

PAYABLE TO: _____

ADDRESS: _____

PHONE: _____

Indicate if change from previously submitted address _____

CAR EXPENSE: Mileage _____ x 0.67 rate = \$ _____

MEALS (ATTACH RECEIPTS): \$ _____

LODGING (ATTACH RECEIPTS): \$ _____

MISC. EXPENSE (ATTACH RECEIPTS): \$ _____

TOTAL OF ALL EXPENSES: \$ _____

SUBMIT TO:

MR. TIM BURNS, TREASURER
PO Box 77361
Charlotte, NC 28271
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PHONE (704) 737-2693