

# Presbytery of the Central Carolinas

## Expense Voucher 2025

COMMITTEE / COMMISSION: \_\_\_\_\_ DATE: \_\_\_\_\_

PURPOSE OF EXPENSE INCURRED: \_\_\_\_\_

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PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

*Indicate if change from previously submitted address* \_\_\_\_\_

CAR EXPENSE: Mileage \_\_\_\_\_ x 0.70 rate = \$ \_\_\_\_\_

MEALS (ATTACH RECEIPTS): \$ \_\_\_\_\_

LODGING (ATTACH RECEIPTS): \$ \_\_\_\_\_

MISC. EXPENSE (ATTACH RECEIPTS): \$ \_\_\_\_\_

TOTAL OF ALL EXPENSES: \$ \_\_\_\_\_

SUBMIT TO:

MR. TIM BURNS, TREASURER  
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PHONE (704) 737-2693