## Presbytery of Missouri River Valley 302 So. 74<sup>th</sup> Street Omaha NE 68114-4617

(402) 553-8300 (Please staple receipt(s) to voucher)

Date:		
Purpose of Expense(Comm	nittee supporting voucher request)	
Account #	_	
Date Expense Incurred		
Mileage@ .25 cents per mile		\$
Meals		\$
Other (Please list below)		
	Total	\$
Please deduct from the about of \$which the Presbytery of Missou	I am making as a gift to	
	Less Contribution	\$
	<b>Total Requested</b>	\$
Pay To:		
Name:		
Address:		
SIGNED:(Committee	e chairperson or other authorized to sign vouchers)	
PAID	CHECK #	