

Presbytery of the Coastal Mid-Atlantic

Expense Voucher 2025

COMMITTEE / COMMISSION: _____ DATE: _____

PURPOSE OF EXPENSE INCURRED: _____

PAYABLE TO: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

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): \$ _____

PAYROLL EXPENSE: \$ _____

APPROVED PURCHASE (ATTACH RECEIPTS) \$ _____

TOTAL OF ALL EXPENSES: \$ _____

SUBMIT VIA E-MAIL TO: accounting@pcmaofepc.org

By exception only and with the approval of either the Bookkeeper (Carrie-Ann Bach - accounting@pcmaofepc.org) or Treasurer (Frank Dawson – stewardship@pcmaofepc.org) expense vouchers maybe mailed in for reimbursement at the following address:

Presbytery of the Coastal Mid-Atlantic
Post Office Box 36
Saint George, SC 29477-0036