

New River Presbytery

Expense Voucher 2025

____ Credit Card
____ Purchase
____ Reimbursement

COMMITTEE / COMMISSION: _____ DATE: _____

PURPOSE OF EXPENSE INCURRED: _____

NAME: _____

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. BRETT EUBANK, TREASURER
P.O. Box 3124
Lynchburg, VA 24503
bretteubank@gmail.com
PHONE (434) 363-2587