



Lutheran Women's Missionary League
Expense Voucher

Pay to: _____
(Please type or print)

Address: _____

Date:	Check #	Voucher #
Amount:		

Date:					Totals:
Transportation (\$.30 x mile)					
To/From Airport					
Parking/Taxi/Limo					
Tips					
Lodging					
Meals					
Postage/FedEx/UPS					
Telephone/Fax					
Supplies					
Printing/Copying					

Signed _____
Position _____
Date _____

Approved _____
(Committee Chairman)

(President)

I prefer a donation receipt, for tax purposes, in lieu of payment.

Received from: _____ Date: _____

The donation of unreimbursed expenses in the amount of \$ _____ incurred by service in office to the Iowa District East, Lutheran Women's Missionary League.

This receipt shall serve to document the donation of the value of materials or travel expenses.

Signatures: _____ President, Iowa District East LWML
_____ Treasurer, Iowa District East LWML

Reference Voucher #