

PRESBYTERY OF DES MOINES
Ecclesiastical/Program Voucher

COMMITTEE: _____

DATE: _____

Mileage: _____ **Miles @ \$.25 per mile** _____ **\$**

Meals: _____ **\$**

Other description: _____ **\$**

_____ **\$**

_____ **\$**

PLEASE ATTACH ALL RECEIPTS

Total to be reimbursed: _____ **\$**

Make check payable to: _____

Address: _____ **ZIP + 4:** _____

City/State: _____

Moderator Approval: _____

Please send vouchers to: Presbytery of Des Moines
2400 86th Street, Suite 20
Urbandale, IA 50322-4306

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