

EXPENSE REIMBURSEMENT REQUEST
WABASH VALLEY PRESBYTERY
5288 N Old US Hwy 31
Rochester, IN 46975-7382
1-800-235-5376

Date: _____

Payee: _____

Mailing address: _____

Total from other side: \$ _____

Any advances \$ _____

Total Paid by others \$ _____

Sub total \$ _____

Difference \$ _____

Amount donated to Presbytery \$ _____

Amount to be Reimbursed \$

(Appropriate documentation attached)

Account to be charged:

_____ Administrative travel Account No. _____ Amount _____

_____ Program Travel Account No. _____ Amount _____

_____ Council/Presby. Com. Account No. 200-5130 Amount _____

_____ Other Account No. _____ Amount _____

_____ Other Account No. _____ Amount _____

_____ Other Account No. _____ Amount _____

Any special instructions: _____

Approval: _____

Committee Moderator

Approval _____

Treasurer or _____

Date approved: _____

