



EXPENSE VOUCHER

LUTHERAN WOMEN'S MISSIONARY LEAGUE-CANADA INC.

Please issue cheque in amount of \$ _____

To:

Name: _____

Address: _____

Date of Meeting: _____

Reason for Expense: ☒

Director ☐ Committee ☐ Convention ☐

Type of Meeting: _____

Other ☐ (explain) _____

Travel Expense

\$

Car (Kilometers) _____ : x \$0.30 = _____

Bus or Plane: _____

Lodging: _____

Other: (please specify) _____

Other Expenses

\$

Postage: _____

Subscriptions and Services: _____

Printing/copying/paper: _____

Other: (please specify) _____

Total Travel: _____

Total Other Expenses: _____

Signed: _____

Total GST: _____

Position: _____

Total Travel Exp.: _____

Date: _____

Total Other Exp.: _____

Amount of cheque: _____

PLEASE ATTACH RECEIPTS

For Treasurer Only

Cheque Number: _____

Date Paid: _____

Charge to Account: _____

Amount: _____

Signed: _____

Approved: _____
(Vice President)

(President)