

Voucher & Check # _____

**MISSOURI DISTRICT
LUTHERAN WOMEN'S MISSIONARY LEAGUE
EXPENSE VOUCHER**

Expenses:

Travel Air Fare _____ Auto _____ miles @ 0.32 \$ _____

_____ meeting on _____

Passengers _____

Parking _____ **Tips** _____

Meals _____

Lodging _____

Supplies _____

Postage _____

Phone _____

Print/Copies _____

Other _____

Receipts Must Be Attached **Total** \$ _____

Name _____ **Office** _____

Address _____

City/State/ZIP _____

() I prefer a donation receipt for tax purposes in lieu of payment in the
Amount of \$ _____

Approved by _____, **President**