

MUSKINGUM VALLEY PRESBYTERY
 PO BOX 946
 NEW PHILADELPHIA, OHIO 44663

EXPENSE VOUCHER

Date: _____

Committee/Event: _____

Make the check payable to:

Name: _____ Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

** In lieu of a check, I wish to have \$ _____ of my expenses credited as a contribution to Muskingum Valley Presbytery

Account #	Date and Purpose of travel	Miles	Rate per mile	Total

Other Expenses:

Account #	Description (books, postage, meals, etc.)	Amount

Check Total

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Authorized by (committee chair): _____

Important: A 1099 may be issued to any recipient receiving \$600 or more in a calendar year. All expenses over \$25, except for mileage require receipts for reimbursement. The IRS maximum allowed for charitable/volunteer mileage is 14 cents per mile, anything above that is reportable by the recipient to the IRS as income.