

**THE JOHN KNOX PRESBYTERY**

258 Lodi Street  
Lodi, WI 53555

608/647-8828  
[jkp@jknox.org](mailto:jkp@jknox.org)

**2025 STAFF EXPENSE VOUCHER**

Pay To: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Purpose of Expense: \_\_\_\_\_

Please itemize expenses on the back side and transfer budget number totals below.

<u>Budget Number</u>	<u>Item Title From Budget</u>	<u>Total Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Due \$ \_\_\_\_\_

I hereby donate the following amount to The John Knox Presbytery.

(A copy of the voucher will be sent to you.)

\_\_\_\_\_

**TOTAL AMOUNT TO BE PAID** \$ \_\_\_\_\_

Paid by Check # \_\_\_\_\_

Signed By: \_\_\_\_\_

Date Paid \_\_\_\_\_

Verification Initials \_\_\_\_\_

Authorized By: \_\_\_\_\_

<b>DATE</b>	<b>DESCRIPTION</b>	<b>AMOUNT</b>
	Auto Travel: 2025 Miles @ 70.0¢ per mile	
	Parking, Tolls	
	Public Transportation	
	Accommodations	
	Meals	
	Registration	
	Other:	
<b>TOTAL</b>		

Note: Attach invoice or statement when possible or applicable.

--	--	--	--

