THE JOHN KNOX PRESBYTERY
258 Lodi Street
Lodi, WI 53555

608/647-8828
jkp@jknox.org

2026 STAFF EXPENSE VOUCHER

Pay To: _____ Date _____

Address: _____

_____

Purpose of Expense: _____

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

Budget Number	Item Title From Budget	Total Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 # _____
Date Paid _____
Verification Initials _____

Signed By: _____

Authorized By: _____

DATE	DESCRIPTION	AMOUNT
	Auto Travel: 2026 Miles @ 72.5¢ per mile	
	Parking, Tolls	
	Public Transportation	
	Accommodations	
	Meals	
	Registration	
	Other:	
	TOTAL	

Note: Attach invoice or statement when possible or applicable.

DATE	LOCATION	MILEAGE	REASON

DATE	EXPLANATION	COSTS	ACCOUNT NUMBER