LUTHERAN WOMEN'S MISSIONARY LEAGUE
Pacific Southwest District

DISBURSEMENT VOUCHER
(Submit 2 copies, please)

For Treasurer's Use:

Check No._____
Date of Check_____
Voucher No.

Please print:

PAY TO _____
(Name)

$_____
Total Amount

ADDRESS _____

CITY, STATE, ZIP _____

Phone #: _____ Your Email address: _____

Indicate Budget Category, attach receipts:

$_____ Travel: _____ miles @ 51 cents/mile
Meeting attended & date: _____
Your Zone # _____
$_____ Postage
$_____ Telephone (attach log)
$_____ Paper/Printing/Supplies
$_____ Christian Life Dept.
$_____ Communications Dept.
$_____ Gospel Outreach Dept.
$_____ Growth & Development Dept.
$_____ Human Care Dept.
$_____ Nominating Committee
$_____ Special Gift Fund Committee

$_____ National Grants
$_____ Training, Officers & Chmn.
$_____ Mite Boxes
$_____ Quarterlies
$_____ Convention Escrow
$_____ Honorariums/Meeting Space
$_____ Bond/Insurance/Audit/Copyright
$_____ LWML Sale Table
$_____ Stamps for Missions
$_____ Miscellaneous _____
$_____ Miscellaneous _____
$_____ Other _____
$_____ Other _____

Check here ❍ if you would prefer a donation receipt for tax purposes in lieu of reimbursement, **please submit voucher in triplicate**.

Submitter's Signature _____ Date _____

APPROVED FOR PAYMENT _____ Date _____
Linda Koch, District President