

LUTHERAN WOMEN'S MISSIONARY LEAGUE
Pacific Southwest District

DISBURSEMENT VOUCHER

(Please submit original & 1 copy of form)

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 original receipts & proof of mileage traveled:

\$ _____ Travel: _____ miles @ 50 cents/mile

\$ _____ Young Women Reps

Meeting attended & date: _____

\$ _____ Training, Officers & Chmn.

Zone #/VP/Committee _____

\$ _____ Mite Boxes

\$ _____ Postage

\$ _____ Quarterlies

\$ _____ Telephone (attach log)

\$ _____ Convention Escrow

\$ _____ Paper/Printing/Supplies

\$ _____ Honorariums/Meeting Space

\$ _____ Christian Life Dept.

\$ _____ Bond/Insurance/Audit/Copyright

\$ _____ Communications Dept.

\$ _____ LWML Sale Table

\$ _____ Gospel Outreach Dept.

\$ _____ Heart to Heart

\$ _____ Special Focus Ministries

\$ _____ Miscellaneous _____

\$ _____ Organizational Resources

\$ _____ Miscellaneous _____

\$ _____ Nominating Committee

\$ _____ Other _____

\$ _____ Special Gift Fund Committee

\$ _____ Other _____

Check here if you would prefer a donation receipt for tax purposes in lieu of reimbursement,
please submit voucher plus 2 copies.

Submitter's Signature _____

Date _____

APPROVED FOR PAYMENT _____

Date _____

Nila Rodriguez, District President 2020-2024