

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