



**OREGON DISTRICT
LUTHERAN WOMEN'S MISSIONARY LEAGUE**

**EXPENSE VOUCHER
2022 - 2024 Biennium**

PLEASE PRINT

Payable to: _____
 Address: _____

(Treasurer's Use Only)	
Check# _____	
Date _____	
Amount _____	

MILEAGE:			
Name of Meeting: _____	Date of Meeting _____		
Place of Meeting: _____	Miles from _____	to _____	
TOTAL Miles (round trip) _____	@	0.30 per mile =	Mileage Expense Total _____ 0.00

OTHER EXPENSES: (attach invoices/receipts)	Description	Amount
	_____	_____
	_____	_____
	_____	_____
	Total Other Expense	0.00

Total Expenses _____ **0.00**

Less advances/donations _____
 (Donations are appreciated, but not expected.
 Please enter amount of total you wish to donate and initial)

Net Check _____ **0.00**

Signed _____
 Position _____
 Date _____

 (Committee Chairman) Date

Approval: _____

 (Vice President) Date

 (President) Date