

LWML - SWD Disbursement Voucher

FOR TREASURER USE ONLY: Bank Acct: _____ Donated Amount: _____
 Check # or GJ # _____ Trans Date: _____ Check Amount: _____

Please enter the expenses below and total at the bottom. Attach all receipts to the voucher.

Admin	President	\$ _____
	Executive Committee	\$ _____
	Board of Directors	\$ _____
Cmte	Archivist/Historian	\$ _____
	Christian Life	\$ _____
	Heart to Heart	\$ _____
	Special Focus Ministries	\$ _____
	Leader Development	\$ _____
	Mission Education	\$ _____
	Mission Grants	\$ _____
	Missionary Outreach	\$ _____
	Nominating	\$ _____
	Public Relations	\$ _____
	Renewal	\$ _____
	Scholarship	\$ _____
	Special Funds	\$ _____
	Structure	\$ _____
	Web Page	\$ _____
	Young Women	\$ _____
Events	Heart to Heart	\$ _____
	Helpshops	\$ _____
	National Convention	\$ _____
	Christian Life Products	\$ _____
	Designated Offerings	\$ _____
	District Grants	\$ _____
	Bank Transfers: Acct: _____	\$ _____
	Seminars and Training	\$ _____
	Scholarships and Special Funds	\$ _____
	Supplies	\$ _____
	Miscellaneous	\$ _____

Complete all fields: Date Incurred: _____
 Pay to: _____
 Address: _____
 City: _____ Zip: _____
 Email: _____

All Mileage Reimbursements must include a meeting place & purpose
 Meeting place: _____
 Purpose: _____
 _____ Miles Roundtrip x .30 = \$ _____

PLEASE KEEP A COPY OF THIS VOUCHER FOR YOUR RECORDS.
The LWML reimburses at 30 cents per mile. Per the IRS, the mileage rate for charitable organizations is 14 cents. You must report this difference as income on your personal tax return.

Submitted by: _____

Approved by: _____
 LWML South Wisconsin District President

Approved by: _____
 VP Org Resources OR Second EC approval for vouchers >\$15K

Barb Kaun, President
 316 Thomas Court
 Neenah, WI 54956

All vouchers and requests for payment must first be given or sent to the LWML SWD President for her signature and approval.

Total Expense	\$ _____
Donated Amount	\$ _____