



## Presbytery of the Pacific Southwest

### Request for Expenditures and Reimbursements

Supporting documentation (i.e. receipts) must be attached to request.  
 All requests should be mailed to Connie Badgley, Treasurer at PO Box 721, Marina, CA 93933 or [treasurer.pop@gmail.com](mailto:treasurer.pop@gmail.com) and will be reviewed and approved by Mark Eshoff, Stated Clerk.

|  |                |  |
|--|----------------|--|
| TODAY'S DATE:  | REQUESTED BY:  | REQUESTOR EMAIL:   |
| CHECK AMOUNT:  | DATE REQUIRED: | REQUESTOR PHONE NUMBER:  |
| PAYABLE TO:  |                | 1099    YES <input type="checkbox"/> No <input type="checkbox"/> |
| MAIL DIRECT TO: NAME   |                |  |
| ADDRESS: (STREET)  |                | (CITY/STATE/ZIP CODE)  |
| DESCRIPTION: (ATTACH ALL RECEIPTS)   |                |  |
|  |                |  |
| TRAVEL EXPENSE SUMMARY (ATTACH ALL RECEIPTS)      USE A SINGLE REQUEST FOR EACH TRIP |                |  |
|  | AMOUNT         | COMMENT/ADDITIONAL INFORMATION                                   |
| AIRFARE  |                |  |
| MILEAGE  |                | _____ MILES @ \$.56 PER MILE = _____                             |
| RENTAL CAR   |                |  |
| PARKING  |                |  |
| LODGING  |                |  |
| MEALS  |                |  |
| OTHER  |                |  |
| OTHER  |                |  |
| TOTAL  |                |  |
| TREASURER USE ONLY   |                |  |
| ACCOUNT NAME   |                | AMOUNT   |
|  |                |  |
|  |                |  |
|  |                | TOTAL:   |
| AUTHORIZED BY:   |                | DATE:  |

PAID DATE: \_\_\_\_\_      CHECK #: \_\_\_\_\_      AMOUNT: \_\_\_\_\_