

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 Cathy Cole, Presbytery Assistant, at the Presbytery Office:

5770 Carlson Drive, Sacramento, CA 95819 or cathy@epcpops.org.

TODAY'S DATE:	REQUESTED BY:			REQUESTOR EMAIL:			
CHECK AMOUNT:		DATE REQUIRED:	REQUI	STOR PHONE NUMBER:			
PAYABLE TO:				1099	Yes 🗖	No 🗌	
MAIL DIRECT TO: N	AME						
Address: (Street) (City/State/Zip Coe							
DESCRIPTION: (ATTA	CH ALL RECEIPTS)						
TRAVEL EXPENSE SUMMARY (ATTACH ALL RECEIPTS) USE A SINGLE REQUEST FOR EACH TRIP							
	Amount	COMMENT/ADDITIONAL INFORMATIO	ON				
Airfare							
MILEAGE		MILES @ \$.67 PER	MILE =				
RENTAL CAR							
Parking							
Lodging							
Meals							
Other							
Other							
TOTAL							
TREASURER USE ON	LY						
ACCOUNT NAME					AMOUNT		
					TOTAL:		
Authorized By:					DATE:		

Paid Date: _____