(lt blue)
**BOD EXPENSE VOUCHER**

Please Attach Receipts

Voucher # _____
Check # _____

**LUTHERAN WOMEN'S MISSIONARY LEAGUE**
**MINNESOTA SOUTH DISTRICT**

**BOARD OF DIRECTORS EXPENSES** **Date:** _____

Mileage: _____ Miles @ $._____/Mile ..... $ _____
Postage: ..... $ _____
Supplies: ..... $ _____
Other: _____ .. $ _____
Subtotal: ..... $ _____
Less Donated Amount: ..... $ -_____
**Subtotal: ..... $** _____

☐ **COMMITTEE EXPENSE:** _____
*(Committee Name)*

☐ **APPOINTED PERSONNEL EXPENSE:** _____
*(Name of Office)*

Mileage: _____ Miles @ $._____/Mile ..... $ _____
Postage: ..... $ _____
Supplies: ..... $ _____
Other: _____ .. $ _____
Subtotal: ..... $ _____
Less Donated Amount: ..... $ -_____
Subtotal: ..... $ _____

**TOTAL: ..... $** _____

**NAME:** _____

Approved by Committee Chairman: _____

Verified as to accuracy (Financial Sec'y.): _____

Approved (Recording Sec'y.):_____

Submit for Payment (District President): _____

*Updated 3/24/06*

(lt blue)
**BOD EXPENSE VOUCHER**

Please Attach Receipts

Voucher # _____
Check # _____

**LUTHERAN WOMEN'S MISSIONARY LEAGUE**
**MINNESOTA SOUTH DISTRICT**

**BOARD OF DIRECTORS EXPENSES** **Date:** _____

Mileage: _____ Miles @ $._____/Mile ..... $ _____
Postage: ..... $ _____
Supplies: ..... $ _____
Other: _____ .. $ _____
Subtotal: ..... $ _____
Less Donated Amount: ..... $ -_____
**Subtotal: ..... $** _____

☐ **COMMITTEE EXPENSE:** _____
*(Committee Name)*

☐ **APPOINTED PERSONNEL EXPENSE:** _____
*(Name of Office)*

Mileage: _____ Miles @ $._____/Mile ..... $ _____
Postage: ..... $ _____
Supplies: ..... $ _____
Other: _____ .. $ _____
Subtotal: ..... $ _____
Less Donated Amount: ..... $ -_____
Subtotal: ..... $ _____

**TOTAL: ..... $** _____

**NAME:** _____

Approved by Committee Chairman: _____

Verified as to accuracy (Financial Sec'y.): _____

Approved (Recording Sec'y.): _____

Submit for Payment (District President): _____

*Updated 3/24/06*