

(pink)
CONVENTION EXPENSE VOUCHER

Please Attach Receipts

Voucher # _____
Check # _____

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

_____ **DISTRICT CONVENTION**

DATE: _____

NAME: _____

COMMITTEE/PURPOSE: _____

EXPENSES:

Mileage: _____ Miles @ \$._____/Mile..... \$ _____

Lodging: \$ _____

Honorarium \$ _____

Postage: \$ _____

Supplies: \$ _____

Printing/Copies: \$ _____

Other: _____.. \$ _____

Subtotal: \$ _____

Less Donated Amount: \$ _____

TOTAL: \$ _____

Signed: _____

Address: _____

Approved by Committee Chairman: _____

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

Approved (Recording Sec'y): _____

Submit for Payment (District President): _____

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