

Community Lutheran Partners, Inc.
 PO Box 174
 Shepherdstown, WV 25443



Expense Voucher

Purpose for Voucher: _____

Date: _____

Individual / Vendor: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Category	Program – expense code	Other Info	Amount
Travel # miles=	- 60010	Reimburse rate = .405/mi	
Meals/Food	- 60011		
Lodging	-60009		
Office Supplies	-60201		
Printing	-60202		
Postage & Delivery	-60203		
		Total	

CLP Use only

Approved by: _____ Date: _____

Check # _____