

EXPENSE REPORT

The Presbytery of the James
 3218 Chamberlayne Avenue, Richmond, VA 23227
 (804) 262-2074



Name: _____

Mailing Address: _____

(HOME ADDRESS IF CHECK IS ISSUED TO AN INDIVIDUAL)

Telephone: Home _____ Office: _____

Purpose: _____

Line Item/Board/Committee to Charge: _____

EXPENSE	DESCRIPTION	DATE(S) EXPENSE(S) OCCURRED	AMOUNT
RECEIPTS ARE REQUIRED FOR ALL DISBURSEMENTS			
Auto @48.5			
Meals/Tips			
Postage			
Telephone			
Parking/Tolls			
Supplies			
Honoraria			
Lodging			
Other			

SUBTOTAL: \$ _____

*I wish to contribute this portion of my expenses to
 The Presbytery of the James as a gift..... \$ (_____)*

TOTAL REIMBURSEMENT DUE \$..... _____



Signature: _____ Date: _____

Authorized By: _____ Date: _____

FOR OFFICE USE ONLY	
Authorized by _____	Date: _____
Account: _____	
Check # _____	Date: _____