

LWML - SWD Disbursement Voucher

FOR TREASURER USE ONLY: Bank Acct: _____ Donated Amount: _____
 Check # or GJ # _____ Trans Date: _____ Check Amount: _____

Please enter the expenses below and total at the bottom. Attach all receipts to the voucher.

| | | |
|---------------|--------------------------------|----------|
| Admin | President | \$ _____ |
| | Executive Committee | \$ _____ |
| | Board of Directors | \$ _____ |
| Cmte | Archivist/Historian | \$ _____ |
| | Christian Life | \$ _____ |
| | Heart to Heart | \$ _____ |
| | Special Focus Ministries | \$ _____ |
| | Leader Development | \$ _____ |
| | Mission Education | \$ _____ |
| | Mission Grants | \$ _____ |
| | Missionary Outreach | \$ _____ |
| | Nominating | \$ _____ |
| | Public Relations | \$ _____ |
| | Renewal | \$ _____ |
| | Scholarship | \$ _____ |
| | Special Funds | \$ _____ |
| | Structure | \$ _____ |
| | Web Page | \$ _____ |
| | Young Women | \$ _____ |
| Events | Heart to Heart | \$ _____ |
| | Helpshops | \$ _____ |
| | National Convention | \$ _____ |
| | Christian Life Products | \$ _____ |
| | Designated Offerings | \$ _____ |
| | District Grants | \$ _____ |
| | Bank Transfers: Acct: _____ | \$ _____ |
| | Seminars and Training | \$ _____ |
| | Scholarships and Special Funds | \$ _____ |
| | Supplies | \$ _____ |
| | Miscellaneous | \$ _____ |

Complete all fields: Date Incurred: _____
 Pay to: _____
 Address: _____
 City: _____ Zip: _____
 Phone: _____
 Email: _____

All Mileage Reimbursements must include a meeting place & purpose
 Meeting place: _____
 Purpose: _____
 _____ Miles Roundtrip x .30 = \$ _____

**PLEASE KEEP A COPY OF THIS VOUCHER FOR YOUR RECORDS.
 The LWML reimburses at 30 cents per mile. Per the IRS, the mileage rate for
 charitable organizations is 14 cents. You must report this difference as
 income on your personal tax return.**

Submitted by: _____

Approved by: _____
 LWML South Wisconsin District President

Approved by: _____
 VP Org Resources OR Second EC approval for vouchers >\$15K

Cinda Poppe, President
 4820 County Rd P
 Highland, WI 53543

| | |
|----------------------|----------|
| Total Expense | \$ _____ |
| Donated Amount | \$ _____ |

All vouchers and requests for payment must first be given or sent to the LWML SWD President for her signature and approval.