

PRESBYTERY OF GREAT RIVERS

1230 W. Candletree Dr., Suite D
Peoria, IL 61614

Check No. _____

Date Paid: _____

Program/Project
Or
Meeting of: _____

Held at: _____ on date of _____

***ODOMETER - Start** _____

***ODOMETER - End** _____

_____ Miles (round trip) x \$.14 per mile \$ _____ # _____

Meals: (attach receipts) \$ _____ # _____

Other expenses (please itemize and attach receipts):

_____ \$ _____ # _____

_____ \$ _____ # _____

_____ \$ _____ # _____

_____ \$ _____ # _____

_____ \$ _____ # _____

_____ \$ _____ # _____

_____ \$ _____ # _____

_____ \$ _____ # _____

TOTAL \$ _____ # _____

***Odometer**

Approved by: _____

Chairperson of: _____

PAY TO: _____

Street: _____

City/State/Zip: _____