

**PRESBYTERIAN WOMEN IN THE
SYNOD OF THE NORTHEAST
REIMBURSEMENT FORM**

Date/Event _____

Name _____

Address _____

City-State-Zip _____

Phone/E-mail _____

Budget Category

Mileage @ 30¢ per mile: # of miles _____ \$ _____

Tolls _____ \$ _____

Misc. Items _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES: \$ _____

Send Completed Form within 30 days of event to:

Nancy Lack
Treasurer, PWSNE
15 Lincoln Avenue
Florham Park, NJ 07932 (973-822-2776)
nwlack@verizon.net

**RECEIPTS MUST ACCOMPANY ALL REQUESTS FOR
REIMBURSEMENT.**

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