

Synod of Living Waters  
Expense Voucher  
5016 Spedale Court, #399  
Spring Hill, TN 37174  
615-261-4008

Name \_\_\_\_\_ Period From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone # \_\_\_\_\_

Event : \_\_\_\_\_

**Expense Detail - \* Please Attach All Receipts**

\_\_\_\_\_ Miles by Auto @ 30¢ \_\_\_\_\_

\_\_\_\_\_ Rider (s) miles by Auto @ 2¢ \_\_\_\_\_

Other (please list)\* \_\_\_\_\_

Other (please list)\* \_\_\_\_\_

**Total Expenses**                      \$0.00

**Office Use Only**

Date: \_\_\_\_\_

Acct #: \_\_\_\_\_

Approved: \_\_\_\_\_