

Community Lutheran Partners, Inc.
PO Box 174
Shepherdstown, WV 25443



Volunteer Expense Voucher

Date: _____

Purpose: _____

Name: _____

Mail Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Reimbursable Expenses

Expense	Amount
Gas	
Food / Meals	
Total	

Community Lutheran Partners requires a receipt for reimbursable expenses.
Please attach your receipts to this form.

Mail this form to the address at the top of the page.

CLP Use only

Approved by: _____ Date: _____

Check # _____