Michigan District Church of the Nazarene

PAYABLE VOUCHER

Date of Request:

Requested By:

Auxiliary:

Date Needed By:

Standard Mileage Reimbursement rate is $0.655 per mile

					Bookkeeper Records:		
Payable To:	**Mailing Address:**	**Description:**	**Amount :**	**Budget Line #**	**Receipt Recv'd**	**Date Issued**	**Check #**
		Total	**$0.00**				

Authorized by: _____

District and Auxiliary Treasurer

Michigan District Church of the Nazarene
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