

NDI Reimbursement Voucher

Northwestern Illinois District - Church of the Nazarene

Mail to: Bridgeway Community | Attn: Michael Downs | 3216 Veterans Dr. | Pekin, IL 61554

Name: _____ Date: _____

Address: _____

Church Name: _____

Phone: _____ home office cell texting is ok

Board, Committee, Task Force, etc.: _____

Mileage (round trip) _____ X _____ ¢ per mile\$ _____

Meals:\$ _____

Other (description):\$ _____

Account Number:\$ _____

Account Number:\$ _____

TOTAL CHECK AMOUNT:\$ _____

Signature: _____

Michael Downs, NDI Chairperson

Signature: _____

Pamela K. Smith, NWIL Office Manager

Date Signed: _____

Date: _____

*All reimbursements must be approved by the NDI Chairperson before you will be reimbursed. Please submit this form and original receipts to Michael Downs, NDI Chairperson, for approval. He will forward your request to
NWIL District Office
4224 N. Brandywine Dr.
Suite 300
Peoria, IL 61614