

NMI Reimbursement Voucher

Northwestern Illinois District - Church of the Nazarene

Mail to: North Pekin Nazarene | Attn: Ron Jansen | 126 S. Main St. | North 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: _____

Ron Jansen, NMI President

Signature: _____

Pamela K. Smith, NWIL Office Manager

Date Signed: _____

Date: _____

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