

NYI Reimbursement Voucher

Northwestern Illinois District - Church of the Nazarene

Mail to: Ronda Hollars | 25416 Angling Rd. | Princeton, IL 61356

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: _____

Ronda Hollars, NYI President

Signature: _____

Pamela K. Smith, NWIL Office Manager

Date Signed: _____

Date: _____

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