

NDI Reimbursement Voucher

Northwestern Illinois District - Church of the Nazarene

Mail to: Trisha Wilson | 50 Crestview Dr. | Geneseo, IL 61254

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: _____
Trisha Wilson, 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 Trisha Wilson, NDI Chairperson, for approval. She will forward your request to:
NWIL District Office
4224 N. Brandywine Dr.
Suite 300
Peoria, IL 61614