

**SOUTHWEST INDIANA WALK TO EMMAUS
PAYMENT VOUCHER REIMBURSEMENT FORM**

NAME _____

DATE _____

ADDRESS _____

WALK # _____

TEAM ROLE _____

DATE	AMOUNT	EXPENSE DESCRIPTION (PLEASE INCLUDE RECEIPT IF POSSIBLE)

MAIL TO:
CRAIG KIRK, SIWE TREASURER
2601 S CATHLINETTE ROAD
VINCENNES, IN 47591
CELL: 812 881-7193
ckirk@first-online.com

SIGNATURE _____

NOTES: _____