

UNITED PENTECOSTAL CHURCH INTERNATIONAL
PA DISTRICT U.P.C.
Expense Reimbursement Statement

Date: _____

Name : _____ Division : _____

(print or type)

Type of Business Expense : _____

(board, committee, conference, etc.)

Place meeting held : _____

Transportation :

Dates of Travel : _____ to _____

Travel from _____ to _____

Miles Driven: _____ Expenses: \$ _____

Tolls _____ Expenses: \$ _____

Hotel/Motel _____ Room Charges: \$ _____

Dates: _____

Meals: Dates: _____ \$ _____

Places: _____

Places: _____

Number of days away from home _____

Miscellaneous Items

Telephone \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

All Miscellaneous Expenses: \$ _____

(Signature and Title) Total Expenses: \$ _____
Check Number _____

Fill in all applicable blanks. Please submit all supporting expense documents: (receipts for: telephone, lodging, meals and miscellaneous). Explain any unusual expenses on back.

Actual expenses are not to exceed:	Breakfast	\$ <u>10.00</u>
Mileage <u>.51</u> cents per mile	Lunch	\$ <u>15.00</u>
Lodging \$ <u>80.00</u> per day	Dinner	\$ <u>20.00</u>