EXPENSE REIMBURSEMENT VOUCHER

For Period of:	Page ____ of _____

Employee Name (Last, First):	
Address + City, State, Zip:	Phone No:

Business Purpose Description:

Date	From to & Purpose	Miles	Break-fast	Lunch	Dinner	Lodging	Misc.	Total
TOTALS OF ABOVE →								
TOTALS FROM OTHER PAGES →								
TOTALS MILES →				AT ¢		PER MILE →		

TOTAL REIMBURSABLE EXPENSE

Please ensure all receipts and mileage log are attached.

I certify the above claim is correct, that these expenses were necessary to conduct church business, that payment has been made from personal funds for which I have not been reimbursed, nor will I receive from any other source payment for these expenses.

Approval Signature:	Employee Signature:	Date:
Title:	Title:	