

WEST VIRGINIA DISTRICT
UNITED PENTECOSTAL CHURCH INTERNATIONAL
EXPENSE REIMBURSEMENT STATEMENT

Date: _____

Name: _____ Department: _____

Type of Business Expense: _____
(board, committee, conference, etc)

Place of Meeting: _____

TRANSPORTATION:

Dates of Travel: _____

Travel from _____ to _____

Airline(s): _____ EXPENSES: \$ _____

Car Rental: _____ EXPENSES: \$ _____

Miles Driven: _____ EXPENSES: \$ _____

- Odometer Reading: Beginning _____ & Ending _____

LODGING:

Hotel: _____

Dates: _____ EXPENSES: \$ _____

ENTERTAINMENT:

Meals: _____ EXPENSES: \$ _____

Dates: _____

MISCELLANEOUS ITEMS:

Taxi:..... \$ _____

Parking & Tolls:..... \$ _____

Postage:.....\$ _____

Other:..... \$ _____

.....**ALL MISCELLANEOUS EXPENSES:** \$ _____

TOTAL EXPENSES: \$ _____

Check Number _____

Date Paid: _____

DISTRICT: / / CAMP: / /

Signature

*Fill in all applicable blanks. Statement must be signed.

*Each event should be listed on separate expense form.

*All reimbursable expenses must be submitted to secretary's office within 30 days of expenditure.

*All reimbursable expenses will be paid within 60 days of receipt.

*Please attach all supporting expense documents; receipts & records of airfare, lodging, meals & miscellaneous

*Explain any unusual expenses in the space provided below:

