

WEST VIRGINIA DISTRICT
UNITED PENTECOSTAL CHURCH INTERNATIONAL
SPEAKER HONORARIUM & EXPENSE REIMBURSEMENT FORM

Date: _____ **DISTRICT / / CAMP / /**
Name: _____ Social Security # _____ - _____ - _____
Address: _____ Phone (____) _____ - _____
Type of Business Expense: _____
(Name of Event)
Place of Meeting: _____

TRANSPORTATION:

Dates of Travel: _____
Travel from _____ to _____
Airline(s): _____ **EXPENSES: \$** _____
Car Rental: _____ **EXPENSES: \$** _____
Miles Driven: _____ **EXPENSES: \$** _____

LODGING:

Hotel: _____
Dates: _____ **EXPENSES: \$** _____

ENTERTAINMENT:

Meals: _____
Dates: _____ **EXPENSES: \$** _____

MISCELLANEOUS ITEMS:

Taxi:..... \$ _____ Parking & Tolls:..... \$ _____
Other:..... \$ _____
..... **ALL MISCELLANEOUS EXPENSES: \$** _____

TOTAL REIMBURSEABLE EXPENSES \$ _____

SPEAKER HONORARIUM: \$ _____

** A 1099 will be issued for amounts over \$600.00

TOTAL EXPENSES: \$ _____
Check Number _____
Date Paid: _____

Signature

- *Fill in all applicable blanks. Statement must be signed.
- *Please attach all supporting expense documents; receipts & records of airfare, lodging, meals & miscellaneous
- *Explain any unusual expenses in the space provided below:

