

**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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_