

EXPENSE REIMBURSEMENT VOUCHER
Apostolic Faith Temple

Employee / Officer _____

Title / Position _____

For the period Beginning _____ Ending _____

TRAVEL EXPENSES

(For travel and out of town expense)

MILEAGE: *NUMBER OF MILES* _____
@ _____ *CENTS PER MILE*\$ _____
(List breakdown of miles on back)

ACTUAL EXPENSES – GAS, OIL, REPAIR \$ _____
(Use only if mileage rate not used)
(Attach tickets to this form)

OUT OF TOWN EXPENSES:

Actual (_____) \$ _____
OR per diem: Out of town, but not
Overnight: # _____ days @ \$ _____ \$ _____
Overnight: # _____ days @ \$ _____ \$ _____
(Attach proof / description)

MEALS / ENTERTAINMENT

Business Meals..... \$ _____

Business Entertainment \$ _____
(Attach documents showing purpose, time, place, and who was taken out for meal or entertainment)

OTHER QUALIFIED BUSINESS EXPENSES

(Itemize expenses and attach proof / documents)

_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL DUE \$ _____

The above statements are true and correct and documentation to substantiate all items are submitted with this voucher.

Employee Signature _____ Date _____

Approved by _____ Title _____

Date Paid _____ Amount \$ _____ Check _____