

UNITED PENTECOSTAL CHURCH INTERNATIONAL
PA. DISTRICT U.P.C.I.
Expense Reimbursement Statement

Date: _____

Name: _____ Division: _____

Type Of Business Expense: _____
(Board, Committee, Conference, etc)

Place Meeting Held: _____

Transportation:

Dates Of Travel: _____ To _____

Travel From: _____ To _____

Miles Driven _____ Expenses: \$ _____

Tolls: _____ Expenses: \$ _____

Hotel/Motel _____ Room Charges: \$ _____

Dates: _____

Meals: _____ \$ _____
(Date/Location)

_____ \$ _____
(Date/Location)

Number of days away from home? _____

Miscellaneous Items

Telephone: \$ _____

Other _____ \$ _____

Other _____ \$ _____

Total \$ _____

Fill in all applicable blanks. Please submit all supporting expense documents: (receipts for telephone, lodging, meals and miscellaneous.) Explain any unusual expenses on back.

Actual expenses are not to exceed:	Breakfast. \$10.00
Mileage: <u>54.5</u> cents per mile	Lunch \$15.00
Lodging: \$80.00 per day.	Dinner \$20.00