

**PERSONAL EXPENSE VOUCHER**

Florida Church of God Ministries

(Please print)

Pay to (Name) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Expense to be charged to the following Board, Committee, or Activity:

\_\_\_\_\_

Date of meeting: \_\_\_\_\_

Personal Car: # miles \_\_\_\_\_ @ \$.485/mile \$ \_\_\_\_\_

Rental Car \$ \_\_\_\_\_

Fare (Plane, Bus, Train) \$ \_\_\_\_\_

Taxi \$ \_\_\_\_\_

Tolls \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Expense** \$ \_\_\_\_\_

**(PLEASE ATTACH RECEIPTS TO VOUCHER)**

Signature of CLAIMANT \_\_\_\_\_

Signature of APPROVING OFFICER \_\_\_\_\_

**TO BE FILLED OUT BY STATE OFFICE**

DATE \_\_\_\_\_

A/C Code # \_\_\_\_\_

A/C Code # \_\_\_\_\_

A/C Code # \_\_\_\_\_ Check # \_\_\_\_\_

**PERSONAL EXPENSE VOUCHER**

Florida Church of God Ministries

(Please print)

Pay to (Name) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Expense to be charged to the following Board, Committee, or Activity:

\_\_\_\_\_

Date of meeting: \_\_\_\_\_

Personal Car: # miles \_\_\_\_\_ @ \$.445/mile \$ \_\_\_\_\_

Rental Car \$ \_\_\_\_\_

Fare (Plane, Bus, Train) \$ \_\_\_\_\_

Taxi \$ \_\_\_\_\_

Tolls \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Expense** \$ \_\_\_\_\_

**(PLEASE ATTACH RECEIPTS TO VOUCHER)**

Signature of CLAIMANT \_\_\_\_\_

Signature of APPROVING OFFICER \_\_\_\_\_

**TO BE FILLED OUT BY STATE OFFICE**

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