



# Expense Report

Church of God State Executive Offices  
PO Box 7547  
Roanoke, Virginia 24019

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF TRIP: From: \_\_\_\_\_ To: \_\_\_\_\_ PURPOSE OF TRIP: \_\_\_\_\_  
month/day/year month/day/year

## SUMMARY OF EXPENSES

### Transactions:

Personal Car Mileage _____ @ .50 per mile = _____	\$ _____
Car Rental.....	\$ _____
Rental Car Gas.....	\$ _____
Tolls.....	\$ _____
Airline Tickets _____ Baggage _____	
Taxi _____ Telephone _____ Parking _____	\$ _____
Lodging _____ days @ \$ _____ per day = _____	\$ _____
Meals Actual Cost \$ _____ (not to exceed \$32.00 per day for the individual).....	\$ _____
If meals are provided by the State Office, per diem <u>cannot</u> be requested on the Travel Expense Voucher.	
Miscellaneous: _____	
_____	
_____	\$ _____

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Receipts should be attached to the Travel Expense Voucher before submission for Reimbursement.

Total Expenses for Reimbursement..... \$ \_\_\_\_\_  
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### CERTIFICATE

I hereby certify that the following travel/expenses was incurred in the performance of official business for the Church of God.

Signature \_\_\_\_\_ Date \_\_\_\_\_