

Expense ReportChurch of God State Executive Offices

PO Box 7547 Roanoke, Virginia 24019

NAME:				
ADDRESS:				
DATE OF TRIP: From:		To:	PURPOSE OF TRIP : _	
n	nonth/day/year	month/day/	year	
		SUMMARY OF EX	(PENSES	
Personal Car Mileage	@6	55.5 cents per mile =		\$
Car Rental				\$
Rental Car Gas				\$
Tolls				\$
Airline Tickets \$	Baggage \$	Taxi \$	Parking \$	\$
Lodging	days @ \$	per day :	=	\$
Per Diem \$32.00 per day				\$
Miscellaneous:				
				\$
Remarks:				
Receipts should be attach	ned to the Travel Exp	pense Voucher befor	e submission for Reimbursem	nent.
Total Expenses for Reimb	oursement			\$ =======
I hereby certify that the fo	llowing travel/expens	CERTIFICA ses was incurred in t	TE he performance of official bus	siness for the Church of God
Signat	ure		Date	

Please return completed form <u>along with all receipts</u> to State Treasurer at StateT@vacog.org or fax (540)5634670. If you have any questions, please call (540) 362-1549 Ext. 6.