

Expense Reimbursement Voucher

Name _____ Date _____

Ministry-related meals / entertainment

Date	Description (B,L,D; place)	Guests	Purpose	Account Number	Amount
Total Meals and Entertainment					0

B=breakfast L=lunch D=dinner

Books and Periodicals

Description	Account Number	Amount
Total Books and Periodicals		0

Miscellaneous Expenses

Description	Account Number	Amount
Total Miscellaneous Expenses		0
Total from supplemental form, if any		
Grand total Miscellaneous Expenses		0

Summary

Account Number	Amount
Subtotal	0
Deduct cash advance if any	
Grand Total	0

Mail

Pick-up

Return to:

Signature _____

Date _____

Address _____ City _____ ST _____ Zipcode _____

Approved _____

Date _____