

# Indiana District

United Pentecostal Church, International

## Expense Voucher

Date	From	To	Mileage	Supplies	Room	Meals	Purpose	Total
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-

**Total** -

Expenses Paid To:  
\_\_\_\_\_

Check Number: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Signature Of Treasurer

I hereby certify that the above expenses were incurred by me in performance of official duties for the **Indiana District of the United Pentecostal Church, Intl.**, for which I have not yet been reimbursed.

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Date