

PACIFICA SYNOD

1801 Park Court Place, Bldg. C, Santa Ana, CA 92701 Phone (714) 692-2791

2026 EXPENSE VOUCHER

NAME: _____ DATE: _____

CHECK PAYABLE TO: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PURPOSE OF MEETING/TRIP _____

DATE	ITEM (Attach Receipts)	AMOUNT

TOTAL AUTO MILEAGE _____ @ 72.5¢ per mile = _____

TOTAL DUE _____

COMMENTS: _____

YOUR SIGNATURE: _____

***Group Meals (Please include names below):**

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

*****For office use only*****

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Approved By

Account Number