

EMPLOYEE EXPENSE REPORT

South Carolina Conference of the International Pentecostal Holiness Church, Inc.

P.O. Box 1689 | 620 Ron McNair Blvd.
Lake City, South Carolina 29560
Phone: (843) 394-8508 Fax: (843) 394-3470

FORM PF-003

Name: _____ Ministry: _____ Date: _____

Purpose of Expenses: _____

YOU MUST ATTACH ALL RECEIPTS FOR ITEMS LISTED BELOW TO RECEIVE REIMBURSEMENT

Date	Description	Mileage	Meals	Lodging	Other	Total
Sub Totals						
Total Amount:						

Signature: _____ Date: _____

After completing this form, PRINT and turn into Accounts Payable

Office Use ONLY

PAID: _____ Receipts Attached: _____

CHK# _____