



# SPFPA | Personal Expense Voucher

Local SPFPA Number: \_\_\_\_\_

Company: \_\_\_\_\_

Date(s) & Reason: \_\_\_\_\_

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**Total** \$ \_\_\_\_\_

(Please Print Clearly)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Authorized By:** \_\_\_\_\_

(For Office Use Only)

**Vendor:** \_\_\_\_\_ **Check Amount: \$** \_\_\_\_\_

**Invoice Number:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**GL NO.:** \_\_\_\_\_ **Check Number:** \_\_\_\_\_