



# PERSONAL EXPENSE VOUCHER

LOCAL \_\_\_\_\_ SPFPA COMPANY: \_\_\_\_\_

Date(s) & Reason:

_____ days @ _____ per day	\$ _____
_____ miles @ _____ per mile	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL: \$** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name **Clearly**

\_\_\_\_\_  
Street Address

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home, Cell, Work  
(Circle one)

Email: \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_  
**Authorized by**

**For office use only**

VENDOR: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_

INVOICE NO. \_\_\_\_\_

Date Paid: \_\_\_\_\_

GL NO.: \_\_\_\_\_

Check No. \_\_\_\_\_