SPFPA | Personal Expense Voucher

Local SPFPA Number:

Company:

Date(s) & Reason:

	Days @	Per Day	$
	Miles @	Per Mile	$
			$
			$
			$
			$
			$
			$
			$
		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:**