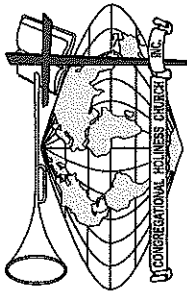


Congregational Holiness Church, Inc.
3888 Fayetteville Hwy.
Griffin, GA 30223



EXPENSE VOUCHER

Name _____ Mail my check to:

Address _____

Department _____ District _____

Position _____

Total miles: _____ at .40 per mile Amt. _____

Motel - receipt required (# of nights _____)

Meals (\$25.00 per day)

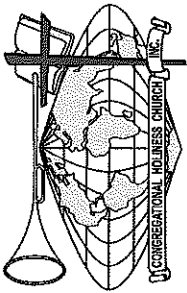
Other _____

TOTAL CLAIM OF VOUCHER \$ _____

List trips, starting with points of origin & final destination:

Date: _____ Signed: _____
Personnel are expected to pay for the above and submit receipts to Office of Finance or District secretary for reimbursement. Receipts for motel rooms are required. Receipts for meals are not required to be submitted.

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