



**Complete Highlighted Areas /Sign & Date**  
**Attach all original receipts**

Deliver check to requestor

<b>Vendor #</b>	<b>Check Amount =</b>
<b>Name:</b>	<b>Invoice #</b>
<b>Attention:</b>	<b>Due Date:</b>
<b>Address:</b>	<b>1099 To Be Issued:</b> <input type="checkbox"/> Check if Yes <input type="checkbox"/>
	If 1099 is issued, provide SSN or EIN:
<b>City/State/Zip:</b>	<b>Customer/Acct #</b>

**Description**

Purpose of Expense:

Mileage \$0.50 per mile - tolls included

Miles

Invoice #	Additional Information	Fund	Org	Account	Prog	Amount	D/C
	Pastors Wives Retreat Travel	110101	390108	710202	2		D

<b>Requesting Department/Organization Approval</b>		<b>Accounts Payable Approval</b>	
Requested By:	Date:	Reviewed By:	Date:
Approved By:	Date:	Approved By:	Date: