

WHITESBURG

BAPTIST CHURCH



Request for Reimbursement of Travel Expenses (All expenses \$25 or more require a receipt.)

Name		Date	
Destination			
Purpose of Travel (Be specific)			

**Complete at the conclusion of the trip. Give completed form to manager for approval.
Manager approves and forwards to the Financial Office.**

***If expense includes someone other than the employee, please provide name, title and business purpose for each expense.**

Date								Total
Mileage**								
Beginning								
Ending								
A. Total								
B. Government Mileage Rate								
Mileage Cost (A x C)								
Breakfast*								
Lunch*								
Dinner*								
Lodging								
Air Transportation								
Car Rental/Taxi								
Telephone								
Tips (excluding meal tips)								
Parking/Tolls								
Total								

I certify that the above charges are accurate.

_____ Date

Employee's Signature

_____ Date

Manager's Signature/Approval

Total Expenses	_____
Cash Advance	_____
Out-of-pocket Expenses	_____
Amount Due Church	_____
Amount Due Employee	_____

** Odometer Reading