

WHITESBURG BAPTIST CHURCH



Reimbursement Request for Local Travel Expenses

Name					Date	Purpose of Travel
Date	Beginning Mileage	Ending Mileage	Number of Miles Traveled	Cents/ Mile	Reimbursement	Purpose of Travel
Total						

I certify that the above charges are accurate.

Employee's Signature

Date

Manager's Signature/Approval

Date

Mileage Reimbursement

\$ _____

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For Administration Use Only

Date Received:

Date Paid:

A/P Initials: