

\_\_\_\_\_ Church  
**STAFF/VOLUNTEER TRAVEL EXPENSE REPORT**

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Ministry: \_\_\_\_\_

Staff/Volunteer Signature: \_\_\_\_\_  
 Supervisor Approval: \_\_\_\_\_  
 Pastor Approval: \_\_\_\_\_

Please **STAPLE** original receipts in order to the back of this report.

Reimbursements paid \_\_\_\_\_ of the month. Please submit by \_\_\_\_\_ pm 2 days prior.

**NAME/DESCRIPTION OF EVENT(S), CONFERENCE(S), AND/OR MEETING(S)**

TRAVEL EXPENSES								
Date	"Other" Description	Amount				Comments (if any)	G/L Account#	Total Amount
		Other	Lodging	Auto	Airfare			
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
<b>Total Expenses</b>								\$

MEALS/ENTERTAINMENT				
Date	Person(s) Involved	Business Discussed	G/L Account#	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>Total Meals/Entertainment</b>				\$

MILEAGE REIMBURSEMENT (Staff Only)								
Date	Rate Per Mile	Destination(s) Traveled	Business Purpose	Odometer Readings			G/L Account#	Amount
				Start	Stop	Miles		
								\$
								\$
								\$
								\$
								\$
								\$
								\$
<b>Total Mileage Reimbursement</b>								\$

**TOTAL STAFF/VOLUNTEER REIMBURSEMENT** \$

Revised: \_\_\_\_\_