PROVINCE IV

TRAVEL & EXPENSE REPORT

RECEIPTS (ORIGINAL) MUST ACCOMPANY ALL EXPENDITURES IN EXCESS OF $25.00

*****EXPENSES MUST BE LESS THAN 6 MONTHS OLD*****

PLEASE TYPE OR PRINT CLEARLY

NAME	
STREET	
CITY/STATE/ZIP	
PURPOSE	
SIGNATURE & DATE	

DATE							
CITY							
BREAKFAST							
LUNCH							
DINNER							
ENTERTAINMENT (A)							
LODGING							
AIRFARE/TRAINFARE **							
LOCAL TRANSPORTATION							
MILES@ / MILE*							
AUTO RENTAL							
TOLLS							
PARKING							
POSTAGE							
TELEPHONE & FAXES (B)							
OTHER (DESCRIBE):							
TOTAL EXPENSES							
LESS ADVANCE							
NET REIMBURSEMENT DUE (DUE PROVINCE IV)							

REQUISTION AUTHORIZED BY _____ **DATE** _____

Mail completed form with receipts attached to:

Kathryn McCormick
1833 St. Ann
Jackson MS 39202
601-260-1908

*Mileage Allowances
57.5 per mile

**** ALL ORIGINAL TRAIN/AIRFARE TICKET STUB(S) MUST BE SUBMITTED IN ORDER FOR REIMBURSEMENT TO BE PROCESSED****

Revised 10/

(A) DETAIL OF ENTERTAINMENT EXPENSES

NAME OF PERSON(S) ENTERTAINED	PLACE OF ENTERTAINMENT	BUSINESS PURPOSE

(B) DETAIL OF TELEPHONE & FAX EXPENSES:

NAME OF PERSON(S) ENTERTAINED	PLACE OF CONTACT	BUSINESS PURPOSE

TOTAL

AMOUNT

AMOUNT