

**THE WEST MICHIGAN DISTRICT OF THE WESLEYAN CHURCH
EXPENSE REPORT**

(rate effective Jan. 1, 2016)

BOARD OR COMMITTEE: _____ Date: _____

Other Board / Committee Members
as Passengers:

Public Transportation: \$ _____

Mileage Reimbursement Rate: 0.54

Number of Miles: _____

Mileage Reimbursement: \$ _____

Meals: \$ _____

NAME

Other Expenses: \$ _____

ADDRESS

Total Expenses: \$ _____

CITY, STATE, ZIP CODE

SIGNATURE

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