

EXPENSE REIMBURSEMENT FORM

Name _____

Department/Event _____

OTHER EXPENSES		
Project Code	ACTIVITIES	TOTAL
	Travel-Lodging	
	Travel-Meals/Tips	
	Travel-Air	
	Parking/Ferry/Tolls	
	Printing Copies	
	Postage	
	Telephone/Fax	
	Supplies	

TOTAL OTHER EXPENSES

Note: Please attach original receipts to the back of this form.

Signature of Requester _____

Pay To: _____

Address: _____

Mail to:

**Northwest Ministry Network
 of the Assemblies of God
 35131 SE Douglas Street Ste. 200
 Snoqualmie, WA 98065**

MILEAGE LOG		
DATE	DESCRIPTION	MILES

TOTAL MILES

TOTAL MILEAGE
 (miles x .56)

TOTAL REIMBURSEMENT
 (Other Expenses + Mileage)

ACCOUNTING USE ONLY

Dept. Approval _____

Check Amount _____

Check Date _____

Approved By _____

Check Number _____

Expenses must be submitted within 60 days for reimbursement.

Receipts must include date, place, person visited and purpose of the expense.