

[CHURCH NAME]
Mileage Reimbursement Form

Person Making the Request:

Date of Request: Date Needed:

Type of Vehicle Used:

Travel Record (Please print)

Date Traveled	Beginning Odometer Reading	Ending Odometer Reading	Total Miles or Receipt Total	Purpose of the Trip

Total Mileage _____ at \$0._____ Per mile = \$_____

Parking Fees: _____ (Please attach receipts)

I certify that these charges are accurate and this reimbursement is for [Church Name] travel reimbursement.

Signature

Date

Office Use

Approved By: _____ Date: _____

Total Disbursement: _____ Date Disbursed: _____

Budget Account #: _____