



## **Employee Reimbursement Form**

(All expenses, except mileage, need a receipt in order to be reimbursed.)

Employee Name — Date Use other side for meals and									
Date	ltem	Supplier / Vendor	Ministry Purpose/ Reason	Account Number (for accting dept)	Expense Amount				
PLEASE SIGN THE BACK SIDE Purchases and Services Sub-Total									



## **Employee Reimbursement Form**

/III C					Employee Name			
Business N *** For meals, purpose/ topic	you MUST list al	l people present a d have at least on	at the meal, the e person presen	specific ministry It sign this form.				
Date	Place	e	People Present		Business Purpose of Meal	Account # (accting dept)	Amount	
						Meals Sub-Total		
Mileage R	<u>eimbursem</u>	ent: Pe	r mile rate =					
Date	From	From To		Business Pur	oose / Reason for Trip	Account # (accting dept)	Amount	
						Mileage Sub-Total		
Employee Signature:				C	Oate:	Grand Total		
Approval Signature:					ate:			
2nd Approval Signature (if over \$500)				D	ate:			