





# Employee Reimbursement Form

Employee Name \_\_\_\_\_

## Business Meals:

\*\*\* For meals, you MUST list all people present at the meal, the specific ministry purpose/ topic of the meal, and have at least one person present sign this form.

Date	Place	People Present	Business Purpose of Meal	Account # (accting dept)	Amount
Meals Sub-Total					

## Mileage Reimbursement:

Per mile rate = \_\_\_\_\_

Date	From	To	Total Mileage	Business Purpose / Reason for Trip	Account # (accting dept)	Amount
Mileage Sub-Total						

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grand Total

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2nd Approval Signature (if over \$500) \_\_\_\_\_ Date: \_\_\_\_\_