



Employee Reimbursement Form

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

Employee Name _____

Date _____
Use other side for meals and mileage.

Date	Item	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

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: _____