



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: _____