Michigan District Missionary Church
1091 Creekwood Trail ~ Burton, Michigan 48509
☎ phone (810) 742-7462 ☎ fax (810) 742-8102

DIRECTORS/STAFF REIMBURSEMENT REPORT

Your First and Last Name _____ phone number: _____

Mailing Address: _____ e-mail: _____

City/State/Zip: _____ Committee: _____

Signature: _____ Date: _____

In order to be reimbursed, there must be substantiation of the expense provided. List the expenses in this area and include receipts or other verification. Please add up all items and submit a total that will be verified with your documentation. If your verification includes personal expenses as well as reimbursable expenses, clearly indicate which items are to be reimbursed and which items are not.

Date Expense Incurred	Name of Vendor (what name is on the billing document?)	Purpose of Expense (why is this a reimbursable expense?)	Account Number (refer to your District budget)	Amount to be Reimbursed
			A. Sub Total	
	Mileage Report	(amount from side 2)	**B. Sub Total**	
			TOTAL	

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Mileage Report

Date Expense Incurred	Destination (Business/Church/City)	Purpose of Trip	Reportable Miles this Trip
		Total Miles	
		x Mileage Amount Allowed by IRS	48¢
Mileage Report (transfer this amount to side 1)		= **B. Sub Total**	