

MISSION PRESBYTERY
7201 Broadway, Suite # 303
San Antonio, TX 78209
210-826-3296

COMMITTEE EXPENSE REIMBURSEMENT FORM

Name: _____ Date of Event: _____

Event or Purpose of Event: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip)

TRANSPORTATION & LODGING: RECEIPTS REQUIRED for Hotel & Restaurant and must show the breakdown of charges, include the name of the committee or a list of the people for the restaurant. A copy with only a grand total on it is not acceptable.

Auto Mileage: _____ @ \$0.14/mile \$ _____
Plus \$0.02/mile for each passenger
Commercial Transportation (receipt required): \$ _____
Hotel \$ _____

MEALS: Meals are reimbursable only when incurred during travel—lunch expenses incurred while at a meeting will not be reimbursed. Alcoholic beverages will not be reimbursed.

Meals
Breakfast (\$4.00 maximum): \$ _____
Lunch (\$6.00 maximum): \$ _____
Dinner (\$10.00 maximum): \$ _____
Total Meals: \$ _____

OTHER EXPENSES (please describe and include a copy of the itemized receipt):

_____ \$ _____
_____ \$ _____
Total Other Expenses: \$ _____

Committee Chair's Signature: _____

Staff Approval (required if over \$125): _____

CHARITABLE CONTRIBUTION: If you wish to contribute your expenses to Mission Presbytery, **please keep this form and your receipts for the IRS. Thank you for your gift.**

I contribute my expenses to Mission Presbytery.

(Signature of Contributor)