

FAITH COVENANT CHURCH
REIMBURSABLE EXPENSES REPORT

NAME: _____

MILEAGE CURRENT RATE PER MILE = \$0.500

DATE	DESCRIPTION (Where & Why?)	MILES	AMOUNT	ACCOUNT LINE NUMBER OR NAME TO BE CHARGED (IF KNOWN)

MILEAGE SUBTOTAL: _____

EXPENSES ATTACH RECEIPTS TO EXPENSE REPORT

DATE	DESCRIPTION (Where, Why, & Vendor Name)	AMOUNT	ACCOUNT LINE NUMBER OR NAME TO BE CHARGED (IF KNOWN)

PURCHASES SUBTOTAL: _____

TOTAL EXPENSES TO BE REIMBURSED: \$ _____

SIGNATURE: _____

DATE: _____

AUTHORIZED BY: _____

DATE: _____