



Eastern District Conference Travel Reimbursement Request

Deliver check to requestor

PLEASE PRINT - Complete Highlighted Areas / Sign & Date

| | |
|--------------|--|
| Vendor # | Check Amount = |
| Name: | Invoice # |
| Attention: | Due Date: |
| Address: | 1099 To Be Issued: <input type="checkbox"/> Check if Yes |
| | If 1099 is issued, provide SSN or EIN: |
| City/St/Zip: | Customer/Acct # |

Description

EVENTS: Pastor Conference Travel Reimbursement

Pastors, Teachers, Professional Church Workers & Delegates Only --Travel Equalization
 Reimbursement as follows:
 Qualified driver -- 30 cents per mile
 Qualified driver and 1 qualified passenger -- 40 cents per mile
 Qualified driver and 2 or more qualified passengers -- 50 cents per mile max
 Tolls included in cents per mile -- **NO** additional allowance for tolls -- Meals **NOT** reimbursable

| Invoice # | Additional Information | Fund | Org | Account | Prog | Amount | D/C |
|-----------|---------------------------------|--------|--------|---------|------|--------|-----|
| | Pastor Conference | 110101 | 221102 | 710202 | 2 | | D |
| | TOTAL MILES _____ | | | | | | |
| | List names of passengers | | | | | | |
| | 1 | | | | | | |
| | 2 | | | | | | |
| | 3 | | | | | | |
| | 4 | | | | | | |
| | 5 | | | | | | |

Driver must complete Name/Address/City/State/Zip

Form must be signed by driver on the "Requested By:" line at the bottom of the form and dated.

| | | | |
|---|-------|---------------------------|-------|
| Requesting Department/Organization Approval | | Accounts Payable Approval | |
| Requested By: | Date: | Reviewed By: | Date: |
| Approved By: | Date: | Approved By: | Date: |