

Expense Report - Volunteer

Name _____
 Address _____
 City/State/Zip _____
 Per Mile Reimbursement 0.14
 Total Reimbursement Due **\$0.00**



Date	Description of Expense	Tolls Parking Gas	Rental Car OR Per Diem (\$50/day)	Lodging	Meals & Tips	Other (Continuing Ed, Honorarium, Office Supplies) PLEASE SPECIFY ON RECEIPT	# of Miles (Personal Car Only)	Mileage Reimbursement	Miscellaneous	Total
								\$0.00		\$0.00
								\$0.00		\$0.00
								\$0.00		\$0.00
								\$0.00		\$0.00
								\$0.00		\$0.00
								\$0.00		\$0.00
								\$0.00		\$0.00
								\$0.00		\$0.00
								\$0.00		\$0.00
								\$0.00		\$0.00
								\$0.00		\$0.00
Totals								\$0.00		\$0.00

Submitted By: _____

Approved By: _____

NOTE: Receipts must accompany expense form to ensure full reimbursement & must be filed within 90 days of expense.

FLORIDA - BAHAMAS SYNOD - 3838 WEST CYPRESS STREET - TAMPA, FL 33607 - 813-876-7660