

**Saron Lutheran Church
Expense / Mileage Reimbursement Request**

Date: _____ Requested By: _____ Email: _____ Phone: _____

Check Information:

Pay to the order of: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Item or Service (Brief Description)	Account or Line Item payment should be drawn from. <small>Check with a committee chair if you are unsure.</small>	Amount of Request	Receipt Attached	Receipt Not Attached
			Y / N	Give descriptive reason why there is no receipt
Total of Expense Request		A)	<input style="border: 2px solid red;" type="text"/>	

Mileage Request:

Mileage reimbursement is intended for Saron Lutheran Church paid staff only.

Destination / Purpose of Trip

Account or Line Item payment Should be drawn from.

Check with a committee chair if you are unsure.

Date of Travel

Miles Driven

Total Miles Driven			
x \$0.485 per mile			\$0.485
Total of Mileage Request		B)	<input style="border: 2px solid red;" type="text"/>

A) Total	
B) Total	
Request Total	<input style="border: 2px solid red;" type="text"/>

Office Use Only	
Date Paid:	
Check Number	
Issued By	

Approval Signature: _____ Date: _____

EXPENSES OVER \$150.00 REQUIRE AN APPROVAL SIGNITURE BY AN EXECUTIVE COUNCIL MEMBER

Expenses under \$150.00 Require an approval signature from a committee chair or executive council member.