

CLEMMONS MORAVIAN CHURCH
PERSONAL EXPENSE REIMBURSEMENT REQUEST
(Please Attach Receipts to This Form)

Personal Vehicle Use (not rental) for _____ miles @ 54.0 cents per mile \$ _____
(Attach Mileage Record)

Or

Fuel Purchased- Church Bus, Rental *or* Personal Vehicle *(Attach Gas Receipts)* _____
(Do not claim both mileage and fuel purchase for personal vehicle-Choose one)

List Purpose of Trip: _____

Tolls Paid; Parking Fees, etc: _____

Postage and Mailing Supplies: _____

Church-Related Activity Fees/Dues For: _____

List Expenses and Supplies Purchased and a
Brief Receipt Description:
(Ex: Wednesday Night Supper; Youth Program; CE Event)

_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____

REIMBURSEMENT REQUEST TOTAL \$ _____

Date of Reimbursement Request Purchaser's Signature

DATE APPROVED: _____ Printed Name of Purchaser

APPROVED BY: _____

/ _____
Print Name/Title **Signature**
(Approval cannot be by Person Requesting Reimbursement)

OFFICE USE ONLY
CHECK #: _____

Revised:
3/2016

DATE: _____
 CMC Treasurer's Initials