Expense Reimbursement Request

Make check payable to:

_____

Name

_____

Address

_____

City   State   Zip

☐ I wish to have $_____of my expense credited as a contribution to MVP

Committee: _____

Event Date:_____Location:_____

Travel From:_____

Travel To:_____

      Volunteer Mileage:_____miles at .20/mile $_____

      Staff Mileage:_____miles at .65 ½ /mile IRS rate $_____

      Other (attach receipts) $_____

      Total $_____

Committee Approval:_____

Indicate Amount to be Charged		
Committee Mileage/Expense: Account:	_____	$ _____
Ministries: Account:	_____	$ _____
Other Account:	_____	$ _____
Account:	_____	$ _____
Reference #:	_____	Check # _____
Authorization:	_____	