

700 E. Melrose Ave. Findlay, OH 45840 belinda@maumeevp.org

Perose Ave.
OH 45840
meevp.org

Make check payable to:

700 E. Melrose Ave. Findlay, OH 45840 belinda@maumeevp.org

Expense Reimbursement Request

Make check payable to: Name Address State City 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: _____ Check # ____ Reference #: Authorization: _____

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Committee:	City State		Zip
Travel From:	I wish to have \$of my expense credited as a cont	ribution to MVP	
Travel From:	Committee:		
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: \$ \$	event Date:Location:		
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