Florida Conference PASTORS Travel Reimbursement Form

Your Name _____ **TODAY'S DATE** _____

Street _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Email** _____ **CHANGE OF ADDRESS?** ☐ **(CHECK BOX)**

Employee Notes:										
							Airfare, tolls, car rental or gas		Other Expenses	
Month & Day	**City-State/Purpose**	**Approved by (Initials)**	**Miles (no calculation)**	**Overnight Stay Per Diem $50/$75**	**No Overnight Stay Per Diem $ 50/$75**	**Lodging**	**Name item from list above**	**Amt.**	**Describe**	**Amt.**
	Totals		-	$ -	$ -	$ -		$ -		$ -
	Adj. Totals									
			11300	11301	10301	11302		11306		

Auto Insurance (OFFICE USE ONLY)

Insurance Subsidy - Code 10210: _____

Collision Reimb - Code 10211: _____

PRINT OUT FORM AND TURN IN WITH RECEIPTS

revised: 12/16/2016