

# Presbytery of Florida

Division/Team Meetings/Events  
Statement of Travel Expenses

(Mail to: Presbytery of Florida, PO Box 7, Chipley, FL 32428)

Date and location of meeting/event

Team

Transportation by private conveyance:

Round Trip mileage reimbursement \_\_\_\_\_ @ 14¢/mile (2015 standard IRS rate) \$ \_\_\_\_\_

Other Expenses \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES**..... \$ \_\_\_\_\_

**AMOUNT TO BE REIMBURSED** (if not requesting contribution receipt) ..... \$ \_\_\_\_\_

Signature \_\_\_\_\_ (Please attach receipts, charge card tickets, etc.)

PRINT NAME AND ADDRESS BELOW

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do not desire reimbursement.  
Please provide me with a receipt  
for tax records.  
Initial \_\_\_\_\_