

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 (2018 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 _____