MINISTRY COUNCIL

of the Cumberland Presbyterian Church 8207 Traditional Place, Cordova, TN 38016

Authorization request signed by:

Please give check to:

FOR CENTRAL ACCOUNTING USE				
Check #:				
Date:				

TRAVEL EXPENSE REIMBURSEMENT FORM (for use in authorizing/requesting disbursements for travel expense)						
I'd like to donate n	ny travel expenses to the Ministry Council:		Yes No Partial			
То:	Central Accounting	Date				
	Please issue the following check:					
To:		Vendor Code:				
Address:						
Date & Nature of A	Activity					

Airfare	\$			Hotel	\$		
Taxi	\$			Meals	\$		
Tolls/Parking	\$			Tips	\$		
Phone	\$			Postage	\$		
Car Mileage	\$		(miles x \$.45 per mile)				
Guest Expenses	\$	Name	e of Guest(s)				
Other Items (plea	ase list)						
					\$		
General Ledger	#			Total:	\$		
Contribution	#		-	(if applicable)	- \$		
Personal/Guest E	xpenses (to	be deducted)	_	_	- \$		
			Tota	l Amount of Check:	\$	0.00	
Pay by date:			Requested by	<i>y</i> :			