

Director / Counselor Reimbursement Form

Name: _____ Camp/Event: _____

	Dates of Expense(s)	Purpose of Expenditure(s): Please give detailed reasons for all expenditures.	Amount Paid
1			
2			
3			
4			
5			
Mileage Reimbursement		Total miles: _____ x \$0.29 per mile = _____	
Total			

I certify these are valid expenses vital to the success of the camp / retreat for which the item(s) were purchased and I have attached an itemized receipt or mileage log.

Signature: _____ Phone Number: _____

Name (Print): _____ Date: _____

Your mailing address: _____

(For Office Use Only)

I have reviewed these expenses and I believe they are true and accurate.
It is "ok to pay"

Approved by (Print): _____ Date: _____

Signature: _____ Account to charge: _____

-Mileage Policy: Mileage rate based on half the annual IRS business guidelines instead of the IRS itemized-deduction rate of \$0.14 per mile for volunteers driving in service for a charitable organization.

-Hotel Reimbursement Policy: \$100 per night. Limit may be extended at discretion of the Conference Minister.