

**MISSION PRESBYTERY**  
**7201 Broadway, Suite # 303**  
**San Antonio, TX 78209**  
**210-826-3296**

**COMMITTEE EXPENSE REIMBURSEMENT FORM**

Name: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Event or Purpose of Event: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

**TRANSPORTATION & LODGING:** RECEIPTS REQUIRED for Hotel & Restaurant and must show the breakdown of charges, include the name of the committee or a list of the people for the restaurant. A copy with only a grand total on it is not acceptable.

Auto Mileage: \_\_\_\_\_ @ \$0.14/mile \$ \_\_\_\_\_  
Plus \$0.02/mile for each passenger  
Commercial Transportation (receipt required): \$ \_\_\_\_\_  
Hotel \$ \_\_\_\_\_

**MEALS:** Meals are reimbursable only when incurred during travel—lunch expenses incurred while at a meeting will not be reimbursed. Alcoholic beverages will not be reimbursed.

Meals  
Breakfast (\$4.00 maximum): \$ \_\_\_\_\_  
Lunch (\$6.00 maximum): \$ \_\_\_\_\_  
Dinner (\$10.00 maximum): \$ \_\_\_\_\_  
Total Meals: \$ \_\_\_\_\_

**OTHER EXPENSES** (please describe and include a copy of the itemized receipt):

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
Total Other Expenses: \$ \_\_\_\_\_

**Committee Chair's Signature:** \_\_\_\_\_

**Staff Approval** (required if over \$125): \_\_\_\_\_

**CHARITABLE CONTRIBUTION:** If you wish to contribute your expenses to Mission Presbytery, **please keep this form and your receipts for the IRS. Thank you for your gift.**

I contribute my expenses to Mission Presbytery.

\_\_\_\_\_  
(Signature of Contributor)