

2022 EXPENSE REIMBURSEMENT FORM
MISSOURI DISTRICT CHURCH OF THE NAZARENE

(This form may be copied as needed)

The following expenses were incurred by (your name): _____

From ____/____/____ to ____/____/____ in association with a meeting on ____/____/____ of the following:

District Board or Department (Check one): _____ DAB _____ SS MIN _____ NMI _____ NYI

Or other (please specify) _____

(Itemize your expenses to be reimbursed in this section)

1. Transportation Expenses from: _____ to _____

Check One: ☐ 1 Way or ☐ Round Trip Total Mileage Claimed: _____ miles X .58.5 (58.5 Cents Per Mile)

Sum Transportation/Expenses: \$ _____

2. Accommodation Expenses (Attach Receipts):

Of nights: _____ @ \$ _____ per night + taxes

Sum Accommodation Expenses: \$ _____

3. Meals (Attach Receipts):

Sum Meal Expenses: \$ _____

4. Other Expenses (Attach Receipts):

A. _____

B. _____

C. _____

Sum Other Expenses: \$ _____

Total Expenses \$ _____

Less Cash Advanced: \$ _____

Balance Due: \$ _____

Make check payable to: _____

Signature: _____

Date: ____/____/____

Address: _____ (If by mail and not on file)

Directors Signature: _____

Mail to: District Treasurer, 361 Saline Rd. Fenton, MO 63026 ~ FAX: (636) 343-6696 (E-mail: kdmutt@monaz.org)