Florida Conference PASTORS Travel Reimbursement Form

Your Name _____ TODAY'S DATE _____

Street _____ City _____ State _____ Zip _____

Phone _____ Email _____ CHANGE OF ADDRESS? ☐ (CHECK BOX)

Employee Notes:

Month & Day	City-State/Purpose	Approved by (Initials)	Miles (no calculation)	Overnight Stay Per Diem $50/$75	No Overnight Stay Per Diem $ 50/$75	Lodging	Airfare, tolls, car rental or gas		Other Expenses	
							Name item from list above	Amt.	Describe	Amt.
	Totals		-	$ -	$ -	$ -		$ -		$ -
	Adj. Totals									
			11300	11301	10301	11302		11306		

Auto Insurance (OFFICE USE ONLY)

Insurance Subsidy - Code 10210: _____

Collision Reimb - Code 10211: _____

PRINT OUT FORM AND TURN IN WITH RECEIPTS

revised: 12/16/2016