



NORTHWEST
MINISTRY NETWORK

EXPENSE REIMBURSEMENT FORM

Name _____

Department/Event _____

| OTHER EXPENSES | | |
|----------------|---------------------|-------|
| Project Code | ACTIVITIES | TOTAL |
| | Travel-Lodging | |
| | Travel-Meals/Tips | |
| | Travel-Air | |
| | Parking/Ferry/Tolls | |
| | Printing Copies | |
| | Postage | |
| | Telephone/Fax | |
| | Supplies | |
| | Food | |
| | | |
| | | |
| | | |

| MILEAGE LOG | | |
|-------------|-------------|-------|
| DATE | DESCRIPTION | MILES |
| | | |
| | | |
| | | |
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| | | |
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| | | |
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| | | |

TOTAL OTHER EXPENSES

TOTAL MILES

TOTAL MILEAGE
(miles X .545)

TOTAL REIMBURSEMENT
(Other Expenses + Mileage)

Note: Please attach original receipts to the back of this form.

Signature of Requester _____

Pay To: _____

Address: _____

Mail to:
Northwest Ministry Network
of the Assemblies of God
35131 SE Douglas Street Ste. 200
Snoqualmie, WA 98065

| ACCOUNTING USE ONLY | | |
|---------------------|--------------|-------|
| Dept. Approval | Check Amount | _____ |
| | Check Date | _____ |
| Approved By | Check Number | _____ |

Expenses must be submitted within 60 days for reimbursement.
 Receipts must include date, place, person visited and purpose of the expense.