



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	

TOTAL OTHER EXPENSES

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

Pay To:

Address:

Signature of Requester

Mail To:

Northwest Ministry Network
 of the Assemblies of God
 35131 SE Douglas St, Suite 200
 Snoqualmie, WA 98065

MILEAGE LOG		
DATE	DESCRIPTION	MILES

TOTAL MILES

TOTAL MILEAGE
(miles x .575)

TOTAL REIMBURSEMENT
(other expenses + mileage)

DEPARTMENT APPROVAL _____
initials

ACCOUNTING USE ONLY		
_____	_____	
<i>Budget Approval</i>	<i>Approved By</i>	
_____	_____	_____
<i>Check Amount</i>	<i>Check Date</i>	<i>Check Number</i>

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