



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 .56)

TOTAL REIMBURSEMENT

(other expenses + mileage)

DEPARTMENT APPROVAL _____
initials

ACCOUNTING USE ONLY

Budget Approval

Approved By

Check Amount

Check Date

Check Number

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