

Illinois South Conference – United Church of Christ

2017 Mileage & Expense Reimbursement Form

Name _____

Address _____

Expenses for _____ on _____
Event and Location *Dates*

Mileage (\$0.14 per mile for volunteers of charitable organizations)

From _____ to _____ = _____ miles

From _____ to _____ = _____ miles

From _____ to _____ = _____ miles

From _____ to _____ = _____ miles

TOTAL MILES _____

* \$0.14 = _____

Reimbursement

(Receipts must accompany all reimbursement requests)

Vendor

Item(s)

Cost

TOTAL _____

Your Signature

Date

Event Leader Signature

Date

You may type on this form (including your “signature”) and save it, then attach it in a return email to the Conference Office if you wish. Email to cpursell@iscucc.org.