

# Illinois South Conference – United Church of Christ 2019 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)

<b>Vendor</b>	<b>Item(s)</b>	<b>Cost</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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](mailto:cpursell@iscucc.org).