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)

<table>
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<tr>
<th>Vendor</th>
<th>Item(s)</th>
<th>Cost</th>
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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.