

Presbytery of Florida

Division/Committee Meetings
Statement of Travel Expenses

(Mail to: Presbytery of Florida, PO Box 7, Chipley, FL 32428)

Date & Place of Meeting _____

Division/Committee _____

Budget item # _____

Transportation by private conveyance:

Round Trip mileage _____ @ 14¢/mile (alone) \$ _____

Round Trip mileage _____ @ 17¢/mile
(one passenger/name _____) \$ _____

Round Trip mileage _____ @ 20¢/mile
(two or more passengers/names _____) \$ _____

CONTRIBUTION Round Trip mileage _____ @ 23¢/mile = \$ _____ CONTRIBUTION

(IRS maximum for charitable deductions - ✓ & initial box below)

Other Expenses _____ \$ _____

TOTAL EXPENSES..... \$ _____

AMOUNT TO BE REIMBURSED (if not requesting contribution receipt) \$ _____

Signature _____ (Please attach receipts, charge card tickets, etc.)

PRINT NAME AND ADDRESS BELOW

I do not desire reimbursement.
Please provide me with a receipt
for tax records.
Initial

Approval of Cmt/Div Chair/Staff Rep _____

(for office use only)

Date of Treasurer Approval _____

Treasurer Signature/Initial _____