

**EXPENSE REIMBURSEMENT FORM**

Mail completed form to:

**Presbytery of North Puget Sound  
1010 E. Casino Road  
Everett, WA 98203**

Phone 425-355-0922

Fax 425-355-0165

Meeting/Event: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_

Please check one:    *from Mission Budget* \_\_\_\_\_    *from Operating Budget* \_\_\_\_\_

**Total mileage**

For Presbytery meeting, deduct 25 miles \_\_\_\_\_

Reimbursable miles \_\_\_\_\_

Mileage rate \_\_\_\_\_

**Total Reimbursable Mileage Expense**    \$ \_\_\_\_\_

\*\*\*\*\*

*Mileage rates*

*All meetings except Presbytery meetings*    **\$0.14**

*Presbytery meetings:*

*one commissioner in car*    **\$0.06**                      *four commissioners in car*    **\$0.14**

*two commissioners in car*    **\$0.09**                      *five commissioners in car*    **\$0.17**

*three commissioners in car*    **\$0.11**                      *six commissioners in car*    **\$0.20**

\*\*\*\*\*

**Other costs** (*attach receipts*)

Ferry tolls \_\_\_\_\_

Telephone \_\_\_\_\_

Meals/food \_\_\_\_\_

Other (*describe*) \_\_\_\_\_

**Total Other Costs**    \$ \_\_\_\_\_

**TOTAL REIMBURSEMENT REQUESTED**    \$ \_\_\_\_\_

Make Check Payable to \_\_\_\_\_

*I certify that the expenses listed above were incurred while  
performing business for the Presbytery.*

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_