

REFORMED THEOLOGICAL SEMINARY

Expense Reimbursement Form

(Supporting Documentation Must be Attached)

Name: <input style="width:95%;" type="text"/> Business Purpose: <input style="width:95%;" type="text"/>	Request Date: <input style="width:95%;" type="text"/>
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MILEAGE

Date	Destination	Mileage	\$Mile	Amount
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Account#:			Total	\$

OTHER TRAVEL (Airline Tickets, Gas, Tolls or Parking)

Date	Description	City	State	Amount
Account#:			Total	\$

LODGING

Date	Description (include hotel name)	City	State	Amount
Account#:			Total	\$

BUSINESS MEALS

Date	Description (include restaurant and participant names)	City	State	Amount
Account#:			Total	\$

OTHER EXPENSES (Subscriptions, Dues, Supplies)

Date	Description and Purpose	Account #		Amount
Account#:			Total	\$

	Total Reimbursable Expenses \$ Less: Cash Advance Total Due to (from) Individual \$
I affirm that all expenses for which I have requested reimbursement are supported by adequate documentation, and that they were incurred on behalf of Reformed Theological Seminary in the normal course of my duties. I also affirm that no personal expenses have been included in this request.	
Signature: <input style="width:95%;" type="text"/> Curr. Address <input style="width:95%;" type="text"/> Curr. Address <input style="width:95%;" type="text"/> Approved By: <input style="width:95%;" type="text"/> Campus: <input style="width:95%;" type="text"/>	Date: <input style="width:95%;" type="text"/> Date: <input style="width:95%;" type="text"/>