

Michigan Region of the Missionary Church

1091 Creekwood Trail ~ Burton, Michigan 48509

☎ phone (810) 742-7462 ☎ fax (810) 742-8102

Coordinators/Staff Reimbursement Report

Your First and Last Name _____ phone number: _____

Mailing Address: _____ e-mail: _____

City/State/Zip: _____ Board/Committee: _____

In order to be reimbursed, there must be substantiation of the expense provided. List the expenses in this area and include receipts or other verification. Please add up all items and submit a total that will be verified with your documentation.

Date Expense Incurred	Name of Vendor	Purpose of Expense	Was any of this expense for personal use?	Amount to be Reimbursed
A. Sub Total				

Mileage Report

(amount from other side)

B. Sub Total

TOTAL

Signature: _____ Date: _____

