

## Mileage Log

*Complete with description and ministry purpose for travel and enter total mileage for each trip.  
Results will total on next page of expense report. Mileage Log must be completed for mileage reimbursement.*

	<b>Name</b>	<b>Month &amp; Year</b>	<b>I.D.-Number</b>
	<b>Destination and Purpose</b>		<b>Total Miles</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
	<b>Monthly Totals</b>		



## Jul-Dec 2022 Expense Report & Reimbursement Form

Name \_\_\_\_\_ I.D.-Number \_\_\_\_\_ Month & Year \_\_\_\_\_

**Select only one option:**

Field Director Expense

Area Coordinator Expense

Field Ministry Expense

	Miles Traveled		@	0.625		Receipt No.	
<p>This File should be emailed with all receipts each month.</p> <p>Please describe each receipt and state ministry purpose for reimbursement request, attach additional pages if necessary.</p> <p>Include explanation for all missing receipts</p> <p>Send to: reports@infaith.org</p> <p>Please keep a copy for your records.</p>	<b>Description of Expense and Ministry Purpose below:</b>						
	<b>TOTAL</b>						
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Amount requested to be reimbursed if different from total</b> </div>						
	<p><b>Please number and attach all receipts or explanation for missing receipts.</b></p> <p><b>Send to: reports@infaith.org</b></p> <p>I certify that all expense reimbursements requested are for expenses incurred in InFaith's ministry.</p>						
Signature _____	Approved _____						
<i>Staff Member</i>	<i>Finance Office</i>						