Great Lake-Gulf Presbytery Travel Reimbursement Form

Date:		
Purpose:		
Reimbursement for:		
Name		
Address		
City, State, Zip		
Reimbursable Expens	es:	
Mileage		
IRS mileage rate		0.70
Mileage reimbursement		0.00
Air Fare or bus fare		
Parking		
Tolls		
Meals (meals enrout	e @ \$10/each)	
Other expenses:	describe other expenses here:	
Total		0.00

Send form, along with copies of receipts to Mark Hart -

Email -

mhart200@gmail.com

Or,

Regular mail -Mark Hart 8720 Royal Meadow Drive Indianapolis, IN 46217