

**SAMPLE MILEAGE REIMBURSEMENT FORM**

Date  
Submitted: \_\_\_\_\_

REPORT TO: Pastor / DRE / YM  
 <<Parish name>>  
 <<Address>>  
 <<Parish city>>

FROM: \_\_\_\_\_  
 Staff Member (print clearly)  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE	Location and Purpose of Meeting	MILES

STAFF MEMBER SIGNATURE: \_\_\_\_\_

PASTOR / DRE / YM SIGNATURE:  
 \_\_\_\_\_

*TO BE CONSIDERED FOR REIMBURSEMENT, THIS FORM MUST BE SIGNED BY THE PASTOR / DRE / YM*

For Office Use Only Paid to: _____
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Date: \_\_\_\_\_ Check #: \_\_\_\_\_