

FGBC EXPENSE REIMBURSEMENT FORM

Please fill in as completely as possible. **Please attach receipts.** Present or mail this form, with receipts, to the Fellowship Coordinators Office, P.O. Box 386, Winona Lake, IN 46590 for OK for payment. **Do not send directly to the treasurer.**

EXPLANATION of meeting(s), date(s), place, activity and name of all persons involved for which these expenses were incurred.

EXPENSES for which reimbursement is requested.

Auto Mileage: _____ miles X 34.5 cents per/mile	\$ _____ .
Auto Rental for _____ days	\$ _____ .
Gasoline for rental car	\$ _____ .
Plane Fare	\$ _____ .
Public Transportation (Train, Bus, etc.)	\$ _____ .
Meals: (List above all participants included)	\$ _____ .
Lodging for _____ nights at _____ per night	\$ _____ .
Other:	\$ _____ .
Other:	\$ _____ .
Other:	\$ _____ .
TOTAL	\$ _____ .

PLEASE PAY TO: _____ PHONE _____

ADDRESS _____

SIGNATURE _____ DATE _____

OK'd by	Pd: Check #	Date / /
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