



BEREAN BAPTIST CHURCH
Fayetteville, NC 28314

Mileage Reimbursement Form

Person Making the Request:

Date of Request: Date Needed:

Type of Vehicle Used:

Travel Record (Please print and be specific.)

Date Traveled	Beginning Reading	Ending Reading	Total Miles or Receipt Total	Purpose of the Trip

Total mileage _____ @ \$0. _____ per mile = \$ _____

Parking Fees: (Please attach receipts)

I certify that these charges are accurate and this reimbursement is for BBC/A ministry travel reimbursement.

Signature Date

Office Use
Approved By: _____ Date: _____
Total Disbursement: _____ Date Disbursed: _____
Budget Account #: _____