

First Baptist Church of Glenarden
Record of Expenses Report

Name		Department:	
Conference/Workshop Name:			
Expense Explanation			
Expenses	Dates	Details	Amount
Transportation		<input type="checkbox"/> Rental Car	\$
		<input type="checkbox"/> Gasoline	\$
		<input type="checkbox"/> Taxi	\$
		<input type="checkbox"/> Shuttle	\$
		<input type="checkbox"/> Parking	\$
		<input type="checkbox"/> Tolls	\$
		<input type="checkbox"/> Airfare	
Personal Car		Mileage @ \$.55.5 per mile	\$
Beginning Mileage:		Ending Mileage:	Total Miles:
Lodging		Location	\$
		Location	\$
		Location	\$
Meals			\$
			\$
			\$
			\$
Education Materials			\$
			\$
Gratuities			\$
			\$
			\$
			\$
Total Expenses			\$
Expense Reconciliation			
Amount of Advance			\$
Minus – Total Expenses			\$
<input type="checkbox"/> Balance to be Returned – <input type="checkbox"/> Amt to Refund to Delegate			
Delegate's Signature			Date
_____ Reviewer's/Approver's Signature			_____ Date

Please attach receipts for all listed expenses, sign the form and return to **Finance Department, attn.: Ms. Theresa Neal** within 10 days after travel has been completed.