

Covenant Presbyterian Church
REIMBURSEMENT REQUEST FORM

Person Requesting (make check payable to): _____

Date Requesting: _____

Date	Vendor	Purpose	Budget Category (if known)	Total
Sub-total:				

Mileage Reimbursement (Employees Only)			
Date	Purpose for trip (required)	Number of Miles	Amount
Sub-total:			
TOTAL:			

2021 standard rate is 56 cents per mile.

Signature of Requesting

Supervisor Signature

ADMIN USE ONLY
Date Reimbursed:
Check Number:
Note:

1. Please attach receipts. All attachments must be 8.5x11 in size.
2. Sign form, have supervisor sign, then submit to CPC Bookkeeper.