

ST. MATTHEW'S EPISCOPAL CHURCH

5900 7th Avenue, Kenosha, WI 53140
Telephone: (262) 654-8642

Reimbursement Request Form

Date: _____

Name of person requesting reimbursement: _____

Address for reimbursement: _____

Purpose of expenditure: _____

Mileage reimbursed at	<u>56.5 cents/mile</u> (2013 IRS rate for business travel) X	_____	=	_____
		# of miles		total
	<u>14 cents/mile</u> (2013 IRS rate for driving in service of charitable organizations) X	_____	=	_____
		# of miles		total

Expenditure pre-approved by: _____

Amount requested: _____ (*receipt must be attached--with a paperclip, please-- no staples)

Additional notes: _____

Approved by: _____ Date: _____