

Presbytery of Boston
TRAVEL AND/OR EXPENSE REIMBURSEMENT FORM

BUDGET YEAR		DOCUMENT TOTAL	DEPT.	EMPLOYEE POSITION	SUBMITTER: NAME & COMPLETE ADDRESS REQUIRED!				Rev. Andy Parmelee, Office of the Treasurer, Presbytery of Boston				
2017		\$0.00							281 High Street				
									Hingham, MA 02043-3357				
									617-967-0430; awparmelee@comcast.net				
DATE _/_/__	DESCRIPTION OF TRAVEL USING THE SHORTEST DISTANCE RULE Example: Newton to Boston to Newton	AUTO MILEAGE		FARES	HOTELS	BREAKFAST	LUNCH	DINNER	PARKING	TOLLS	OTHER EXPENSES	TOTAL EXPENSES	
		MILES	AMOUNT										
		0	0.00									0.00	
		0	0.00									0.00	
		0										0.00	
		0										0.00	
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		0										0.00	
		0										0.00	
		0										0.00	
		0										0.00	
TOTAL		0	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

FISCAL ACCOUNTING INFORMATION		FOR BUSINESS OFFICE USE ONLY	
Account to be charged: _____ Please Note: A separate employee travel reimbursement form must be completed for each account to be charged. Only one account per form.		RECEIPTS MUST BE ATTACHED FOR EACH EXPENSE	
***** CERTIFICATION ***** I hereby certify that the amounts as itemized are true & correct, were incurred during service for the Boston Presbytery & conform with all travel rules & policies, for no later than 30 days submission of all travel and expense reimbursement requests. Request for reimbursement from accounts other than those authorized require signature of account owner. Submissions later than 30 days of cost incurrence will require approval of the Moderator		AMOUNT:	
		AMOUNT:	
		AMOUNT:	
		Submitter's Signature	
		Date	
		Approved by	
		Title	