

# Presbytery of Florida

## Committee Meetings/Events Statement of Travel Expenses

(Email to: [office@presbyteryofflorida.com](mailto:office@presbyteryofflorida.com) or mail to: Presbytery of Florida, PO Box 7, Chipley, FL 32428)

Date and location of meeting/event:

Team:

Transportation by private conveyance:

Round Trip mileage reimbursement \_\_\_\_ @14¢/mile (2022 IRS standard charitable rate) \$ \_\_\_\_\_

Other Expenses \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES**..... \$ \_\_\_\_\_

**AMOUNT TO BE REIMBURSED** (if not requesting contribution receipt) ..... \$ \_\_\_\_\_

Signature \_\_\_\_\_

(Please attach receipts, charge card tickets, etc.)

PRINT NAME AND ADDRESS BELOW

I do not desire reimbursement.  
Please provide me with a receipt  
for tax records.

Initial