

EXPENSE REIMBURSEMENT REQUEST
BAPTIST GENERAL CONVENTION OF OKLAHOMA

Receipts must be attached for all items listed below except mileage.

PARTNERSHIP AND VOLUNTEER MISSIONS OFFICE
3800 N. MAY Avenue
Oklahoma City, OK 73112

Date: _____

Event: _____

Name (Please Print): _____

MAILING ADDRESS: _____

CITY: _____ ZIP CODE: _____

EXPENSES

TRANSPORTATION:

_____ miles traveled @ \$.45 cents \$ _____

Per mile (round trip)

OR

FUEL \$ _____

FOOD \$ _____

MOTEL \$ _____

TOLLS \$ _____

OTHER \$ _____

TOTAL \$ _____

SIGNED _____