

Seventh-day
Adventist[®] Church
MARITIME CONFERENCE

TRAVEL EXPENSE FORM

Please fill out this form and attach original receipts to be reimbursed for Conference travel expenses. If you require clarification, please contact Treasury.

Meeting(s)/Purpose: _____

Date(s) of Meeting(s): _____

Full Name: _____

Date of Request: _____

EXPENSE SUMMARY:

KMS/Gas Receipts _____ @	=	_____
Confederation Bridge Toll	=	_____
Cobequid Pass Toll	=	_____
Other _____	=	_____
Per Diem @ \$23/meal	=	_____
Air Fare	=	_____
Car Rental	=	_____

TOTAL _____

Conference Authorization: _____

Date Completed: _____