*North Naples United Methodist Church*
*Expense Reimbursements*

**Expenses to be paid to (name):** **Date:** **Account # to be charged:**

| ITEMIZED OUT OF POCKET EXPENSES | | | |
|---|---|---|---|
| DATE OF EXPENSE | Item(s) purchased/expensed | Nature/Purpose of Expense | Amount |
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| ITEMIZED VOLUNTEER APPRECIATION EXPENSES AND BUSINESS MEALS | | | |
| DATE OF EXPENSE | NAME OF VOLUNTEER(S)/RECIPIENT OF EXPENSE | NATURE & PURPOSE OF EXPENSE/MEAL | |
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**Grand Total of Reimburseable Expenses** $ -

**Signature of Purchaser:** **Approved By:**

***North Naples United Methodist Church***
***Out of Pocket Expense Reimbursements***

**Reimbursement to (name):** **Date:** **Ministry:**

| ITEMIZED OUT OF POCKET EXPENSES | | | |
|---|---|---|---|
| **Date of expense** | **Item(s) purchased/expensed** | **Nature/Purpose of Expenditure** | **Amount** |
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| **TOTAL OUT OF POCKET EXPENSES** | | | |

| ITEMIZED VOLUNTEER APPRECIATION EXPENSES AND BUSINESS MEALS | | | | |
|---|---|---|---|---|
| **Date of expense** | **Name of volunteers/recipients of expense/meals** | **Nature and Purpose of expense/meals** | **Time & Place** | **Amount** |
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| **TOTAL VOLUNTEER APPRECIATION EXPENSE/MEALS** | | | | |

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|---|---|
| **TOTAL AMOUNT OF REIMBURSEMENT** | |

**Signature of Purchaser:** _____ **Signature of Ministry Head:** _____

**Business Manager Approval:** _____

***All reimbursements must be accompanied by proper receipts

NAME: ACCOUNT #: DATE:

| ITEMIZED AUTOMOBILE EXPENSES | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| DATE | TO & FROM DESTINATION | PURPOSE OF TRIP | GAS RECEIPTS | PARKING & TOLLS | # OF MILES | MILEAGE ALLOWANC | TOTAL MILEAGE EXP | TOTAL ALL EXPENSES |
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| TOTAL REIMBURSEABLE EXPENSES | | | | | | | | |