



## Executive Committee Travel Expense Report

**Instructions:** This form is for your use to receive reimbursement for monies paid out of pocket for your expenses relating to your travel to/for the South Central Conference Executive Committee. (1) Please fill in the requested information below and scan/attach original receipt(s) to this form. (2) Please print all requested information. (3) Mail or give this form and attachment(s) to:

**Laurene Brown** - South Central Conference of SDA  
 715 Youngs Lane ~ Nashville, TN 37207  
 615-226-6500, ext. 125 | Fax: 615-258-3190  
 E-mail: Laurene.Brown@scc-adventist.org

Normally you should receive your reimbursement(s) **within 7-14 days by mail after** this information is received in our office.

Reimbursement should be sent to:				
Name				
Address				
City		State		Zip
Home Phone			Work Phone	
Cell Phone			Other Contact	
Fax			Email	
Date Departed			Date Returned	
Departure Location	<i>City/State</i>		Destination Location	<i>City/State</i>
Auto Mileage	One-way	Miles	Public Transportation / Taxi / Auto Rental / Airline, etc.	<i>Attach original receipt(s)</i>
	Round-trip	Miles		
Mileage Calculation <b>.42¢ per mile</b>	\$		Per Diem <b>\$48 per overnight stay</b>	\$
Motel Expense	\$ <i>Attach original receipt(s)</i>		Other Expenses	\$ <i>Attach original receipt(s)</i>
<b>Total Expenses to be reimbursed</b> <i>(all required receipts are attached)</i>				\$

The above information is being submitted by: \_\_\_\_\_

*Signature of Executive Committee Member*

**SCC Office Only**  Needs additional approval \_\_\_\_\_

Date Received \_\_\_\_\_ Date Reimbursement Mailed \_\_\_\_\_

Approved by \_\_\_\_\_ Amount Approved \_\_\_\_\_