

# WESTERN CONFERENCE of the Evangelical Church

## TRAVEL REIMBURSEMENT FORM

NAME \_\_\_\_\_

PURPOSE OF TRAVEL \_\_\_\_\_

DATE	AIRFARE AMOUNT*	PERSONAL CAR MILES	x \$.575/MILE **	BREAKFAST*	PER DIEM LUNCH*	DINNER*	LODGING AMOUNT*	MISC.
<b>TOTALS</b>								

\*Receipts Needed

\*\*Or current government rate

Total Amount Due \_\_\_\_\_

Explanation of Misc. Expenses

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please complete and submit along with receipts to:**

Western Conference Office  
3145 Sweet Water Drive  
Billings, MT 59102

Email: [brent@faithe.org](mailto:brent@faithe.org)  
Fax: 406/656-8792