

# Illini Life Reimbursement Form

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

*I declare that these expenses are in agreement with the financial policies of Illini Life Christian Fellowship*

Signature of person requesting reimbursement: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person approving reimbursement: \_\_\_\_\_ Date: \_\_\_\_\_

**Travel Mileage Record:**

*Only ministry-related travel is reimbursable (excluding commuting miles to and from I-Life office).*

Odo Start	Odo End	Date	Purpose & Destination	Miles
Total ministry miles =				
x0.45/mile =				\$

**Other Expenses:**

*For all expenses below, please itemize by receipt. Staple receipts to this form in the order they are listed. Please number each receipt, and circle the total amount being reimbursed at the bottom of each receipt.*

Receipt #	Date	Item	Ministry/Event	Amount
1	1/1/2010	Plastic cups & plates from Sam's Club	Barndance	\$5.64
Total Amt (including mileage) =				\$

For internal use only:

*After completing this form and attaching required receipts, please mail to Illini life (PO Box 2654, Champaign, IL 61825) or place in Finance Team Reimbursements Box at Office . Allow up to two weeks for processing.*