

ACCOUNTABLE REIMBURSEMENT PLAN MINISTRY RELATED EXPENSE FORM

NAME _____

YEAR _____

POSITION _____

MONTH ENDING _____

(Please list only ministry related expenses)

- 1. Car Miles _____ @ _____ cents \$ _____
- 2. Parking Fees and Tolls \$ _____
- 3. Meals and Entertainment \$ _____
- 4. Dues and Publications \$ _____
- 5. Office Expense \$ _____
- 6. Telephone Calls \$ _____
- 7. Business Gifts \$ _____
- 8. Depreciation on Equipment \$ _____
- 9. Conventions and Seminars \$ _____
- 10. Insurance on Professional Items \$ _____
- 11. Travel – Airline, Motels, Etc. \$ _____
- 12. Repairs to Equipment \$ _____
- 13. Audio and Video Cassettes \$ _____
- 14. Advertising – calling cards, ads, etc. \$ _____
- 15. Interest on Business Debts \$ _____
- 16. Other _____ \$ _____

(Mileage log, receipts, etc. must be attached.)

Total Ministry related expense

For the month of _____ \$ _____

Signed by: _____

Date _____

Church Office Use Only

Reimbursed by: _____

Check #: _____

Date: _____