THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

Nonemployee Reimbursement Request

Contact Information																	
Payee name	Stake				/	Ward								Invoice number			
Telephone (with area code)	Email address						Invoice date								Reimbursement rate		
Payee address															1		
Recurring Travel If possible, attach	mileage from a	a mapp	ing ap	pplicat	tion. F	ora	mult	i-leg	trip,	inclu	ide or	atta	ch the	eloca	ation of each stop.		
Starting point (address if available)	0	Destination (address if available)						Round-trip mi. or									
Purpose											Round-trip fares or tolls						
Month			Dates of recurring travel									Recurring travel totals					
	1 2 3 0 0 0 17 18 19 0 0 0	9 20	5 21 0	22	23 2	8] 24]	25	10 1 26 2 0 0	11 □ 27 □	12 □ 28 □	13 □ 29 □	14 □ 30 □	15 □ 31 □	16 □	Mi. or km.		
	1 2 3 1 0 0 17 18 19 0 0	4	5	6 □	7 □ I 23	8	9 □	10 □ 26 □	11 11 27 □	12 12 28 □	13 □ 29 □	14 □ 30 □	15 □ 31 □	16 □	Fares or tolls		
		4	5 6 7 8			8	9 10 11 12 0 0 0 0 25 26 27 28 0 0 0			13 □ 29 □	14 □ 30	15 □ 31 □	16 □	Reimbursement amount*			
*Reimbursement amount for recurring travel is																	
Varied Travel List each travel leg sepa																	
Starting point (address if available)	Destination (address if ava						ilable) P					Pu	irpose	<u>)</u>			
Date	Mi. or km.	Mi. or km.					Fares or tolls								Reimbursement amount*		
Starting point (address if available)		ination (address if avail			availa	lable)				Pu	irpose	j					
Date	Mi. or km.	Mi. or km.					Fares or tolls								Reimbursement amount*		
Starting point (address if available)		Destir	estination (address if avai			availa	lable)					Pu	urpose				
Date	Mi. or km.					Fares or tolls								Reimbursement amount*			
Starting point (address if available)		nation (address if avai			availa	ilable)					Pu	Irpose					
Date	Mi. or km.					F	Fares or tolls							Reimbursement amount*			
*Reimbursement amount for varied travel is cal	lculated as follow	s: mi. or	km. x r	eimbu	rsemer	nt rate	e + far	res or	tolls								
Other Expenses Attach original rece	ipts. Attach ad	ditional	pages	s if ne	eded.												
Merchant name	Purpose and descriptio						n of purchase							Ac	count code	Amount	
Totals																	
Recurring travel expenses	Varied travel expenses						Other expenses							Total travel expenses			
Payment Authorization Signatures	·																
Requester's signature	Date	A	Approver's signature (if applicable)						able)		Date						