## Presbytery of Boston TRAVEL AND/OR EXPENSE REIMBURSEMENT FORM

				SUBMITTER: NAME & COMPLETE ADDRESS REQUIRED!			Rev. Andy Parmelee, Treasurer, The Presbytery of Boston						
BUDGET YEAR		DOCUMENT TOTAL	DEPT.	EMPLOYEE POSITION					800 Hingham Street, Suite 200N				
2017		\$0.00						Rockland, MA 02370-1065					
DESCRIPTION OF TRAVEL USING							781-982-0202 (W) awparmelee@comcast.net						
DATE THE SHORTEST DISTANCE RULE		AUTO MILEAGE					OTHE			OTHER	TOTAL		
_/_/_	Example:	Newton to Boston to Newton	MILES	AMOUNT	FARES	HOTELS	BREAKFAST	LUNCH	DINNER	PARKING	TOLLS	EXPENSES	EXPENSES
			0	0.00									0.00
			0	0.00									0.00
			0	_									0.00
			0										0.00
			0										0.00
			0										0.00
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			0										0.00
			0										0.00
			0										0.00
			0										0.00
	TOTAL		0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

FISC	CAL ACCOUNTING INFORMATION	l	FOR BUSINESS OFFICE USE ONLY					
Account to be charged:		RECIPTS MUST BE ATTACHED FOR EACH EXPENSE						
_				AMOUNT:				
Please Note: A separate employee travel reimbursemen	nt form must be		AMOUNT:					
completed for each account to be charged. Only one ac	ccount per form.		AMOUNT:					
***	** CERTIFICATION ****	**						
I hereby certify that the amounts as itemized are	e true & correct, were incurre	d during service for the Boston Presbytery						
& conform with all travel rules & policies, for no	later than 30 days submission	on of all travel and expense	Sumitter's Signature	Date				
reimbursement requests.								
Request for reimbursement from accounts other	er than those authorized requi	re signature of account owner.						
Submissions later than 30 days of cost incurrer	nce will require approval of th	e Moderator	Approved by	Title				