

# EXPENSE FORM

## Baptist General Convention of Oklahoma

Account # \_\_\_\_\_

Date: \_\_\_\_\_

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

Social Security # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Meeting of: \_\_\_\_\_

Signature: \_\_\_\_\_

For insurance purposes; it is important that you complete the upper portion of this form whether or not you have expenses to report. Travel insurance is provided for the protection of all (up to age 75) traveling to, while attending and returning from this meeting.

If you should be involved in an accident related to your attendance at this meeting, claim must be made within 20 days after injury.

Attach receipt or credit card copy for any single expenditure in excess of \$25. If you have hotel/ motel charges, attach copy of hotel/motel bill.

### TRANSPORTATION:

Air Fare -----> \_\_\_\_\_

Auto: \_\_\_\_\_ miles (round trip) @ \$0.45 per mile -----> \_\_\_\_\_

Taxi -----> \_\_\_\_\_

Parking -----> \_\_\_\_\_

Tolls -----> \_\_\_\_\_

MEALS: -----> \_\_\_\_\_

LODGING: -----> \_\_\_\_\_

TIPS: -----> \_\_\_\_\_

MISCELLANEOUS (Please specify below): -----> \_\_\_\_\_

**Total Expenses**

\_\_\_\_\_

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