

NAME \_\_\_\_\_ Soc Sec or Fed Tax ID # \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

PROJECT CITY \_\_\_\_\_ Dates \_\_\_\_\_

POSITION: (Please check)  Summer Staff  Construction Captain/Supervisor  Coordinator  Runner  
 Other \_\_\_\_\_

NOTE: Construction Captains and Supervisors expenses are reimbursable up to **\$150.00 Maximum** for mileage & meals to and from project city.

MILEAGE LOG (List Daily)

Date	From (Location)	To (Location)	Purpose	Miles Driven	Rate per Mile	Amount
					\$0.35	
					\$0.35	
					\$0.35	
					\$0.35	
					\$0.35	
					\$0.35	
					\$0.35	
					\$0.35	
<b>Mileage Total:</b>					\$0.35	\$

OTHER EXPENSES:

Purchase Date	Vendor Name	Description / Purpose	Amount
<b>Sub Total Other Expense</b>			\$

(Original receipts MUST be attached for all expenses. You MAY NOT fax reimbursement forms that require attached receipts. Please mail to the above address.)

<b>GRAND TOTAL AMOUNT DUE</b>   \$
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***I certify that these expenses are accurate and incurred in the conduct of SERVE MANAGEMENT GROUP.***

<b>SIGNATURE:</b>	<b>DATE:</b>
Mission Serve or Project Coordinator Approval Signature:	Date:

*\*All expenses should be turned in within 45 days of the conclusion of the project.*

**This expense report must be completely and correctly filled out, in order to be reimbursed. If there is missing information on this form, A CHECK WILL NOT BE ISSUED.**

I would like to donate my mileage to Mission Serve