

Presbytery of Coastal Carolina

Travel Expense Form

Please complete all necessary information and return this form to

The Presbytery of Coastal Carolina
807 West King St., Elizabethtown, NC 28337

Name: _____ Phone _____

Address: _____

City State and Zip: _____



Meeting/Event/Location: _____

Date Attending: _____

Mileage: miles traveled _____ at \$.30 per mile \$ _____

Meals (*receipt required*) \$ _____

Lodging (*receipt required*) \$ _____

Other expenses (*receipt required*) _____ \$ _____



Total Reimbursement \$ _____

Approved by Committee Chair: _____