

Ministry Related Expenses for: _____

Date: ____/____/____

Date	Purpose of Travel	Odometer Reading		Total Miles Traveled
		Begin	End	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Employee's Signature: _____

Approved by: _____

Check # _____, Paid on _____, _____

Total Mileage for Month	
x Rate per Mile	
= Amount for Car Expense	
+ Other Expenses (See other side)	
TOTAL EXPENSES FOR MONTH	